

Technical Proposal Packet

Bid No. SP-17-0036

SECTION 1 - VENDOR AGREEMENT AND COMPLIANCE

- Any requested exceptions to items in this section which are NON-mandatory **must** be declared below or as an attachment to this page. Vendor **must** clearly explain the requested exception, and should label the request to reference the specific solicitation item number to which the exception applies.
- Exceptions to Requirements **shall** cause the vendor's proposal to be disqualified.

By signature below, vendor agrees to and **shall** fully comply with all Requirements as shown in this section of the bid solicitation.

Authorized Signature: _____



Use Ink Only.

Printed/Typed Name: Joseph A. Dougher, President & CEO Date: December 5, 2016

Technical Proposal Packet

Bid No. SP-17-0036

SECTION 2 - VENDOR AGREEMENT AND COMPLIANCE

- Any requested exceptions to items in this section which are **NON-mandatory** **must** be declared below or as an attachment to this page. Vendor **must** clearly explain the requested exception, and should label the request to reference the specific solicitation item number to which the exception applies.
- Exceptions to Requirements **shall** cause the vendor's proposal to be disqualified.

By signature below, vendor agrees to and **shall** fully comply with all Requirements as shown in this section of the bid solicitation.

Authorized Signature: _____


Use Ink Only

Printed/Typed Name: Joseph A. Dougher, President & CEO Date: December 5, 2016

Technical Proposal Packet

Bid No. SP-17-0036

SECTIONS 3 - VENDOR AGREEMENT AND COMPLIANCE

- Exceptions to Requirements **shall** cause the vendor's proposal to be disqualified.

By signature below, vendor agrees to and **shall** fully comply with all Requirements as shown in this section of the bid solicitation.

Authorized Signature: _____

Use Ink Only.



Printed/Typed Name: Joseph A. Dougher, President & CEO

Date: December 5, 2016

Technical Proposal Packet

Bid No. SP-17-0036

SECTIONS 4, 5, & 6 - VENDOR AGREEMENT AND COMPLIANCE

- Exceptions to Requirements shall cause the vendor's proposal to be disqualified

By signature below, vendor agrees to and shall fully comply with all Requirements as shown in this section of the bid solicitation.

Authorized Signature: _____

Use Ink Only



Printed/Typed Name: Joseph A. Dougher, President & CEO Date: December 5, 2016

Technical Proposal Packet

Bid No. SP-17-0036

CONFLICT OF INTEREST AFFIDAVIT

The Vendor must adhere to the following conflict of interest requirements prior to and throughout the life of the awarded Contract:

1. The selected Contractor
 - A. **shall not** be a related organization to any Department of Human Services (DHS) certified or licensed provider organization. In addition, the selected Contractor **must not** employ individuals related to any DHS certified or licensed provider organization or sub-contract with any DHS certified or licensed provider organization or its staff; or
 - B. is
 - i. related to an entity which the Contractor is not certain meets the State's definition of a certified or licensed provider organization; or
 - ii. related to an entity which the Contractor believes does not constitute a conflict of interest for the purpose of the contract contemplated by this RFP.

In this event, the Contractor shall submit additional documentation explaining the related or potentially related organization, details of its provision of services, composition, relationship to the Contractor, and why this relationship does not constitute a conflict of interest. **A failure to attach this documentation to this Affidavit will be construed as the Contractor's selection of item 1.A above.** Please be advised, there is a presumption of a conflict of interest if the Contractor is a related organization to any Department of Human Services (DHS) certified or licensed provider organizations.

The DHS Legal Counsel **shall** have final determination of qualification or disqualification of a proposal based on the information provided in the above additional documentation.

2. The selected Contractor **shall not** be a state agency (including, without limitation, human development centers).
3. The selected Contractor **shall not** claim reimbursement for any Medicaid-covered services.
4. The selected Contractor **must** ensure that the persons conducting the assessments are not related by blood or marriage to the individual or to any paid caregiver of the individual, financially responsible for the individual, empowered to make financial or health-related decision of behalf of the individual, and would not benefit financially from the provision of assessed needs.

A related organization (includes individuals, partnerships, corporations, etc.) means an organization with which the Contractor is associated or affiliated with, has common ownership, control or common board members, or has control of or is controlled by the organization furnishing the services, facilities or supplies. Common ownership exists when an entity, entities, an individual or individuals possess 5% or more ownership or equity in the participant. Control exists where an individual or an organization has the power, directly or indirectly, significantly to influence or direct the actions or policies of an organization or institution.

By signature below, the Vendor agrees that it meets the aforementioned requirements to the best of its knowledge, and **shall** continue to meet the requirements through the life of the Contract.

Authorized Signature: _____

Use Ink Only.

Printed/Typed Name: Joseph A. Dougher, President & CEO

Date: November 30, 2016

PROPOSED SUBCONTRACTORS FORM

- Do not include additional information relating to subcontractors on this form or as an attachment to this form.

VENDOR PROPOSES TO USE THE FOLLOWING SUBCONTRACTOR(S) TO PROVIDE SERVICES.

Type or Print the following information

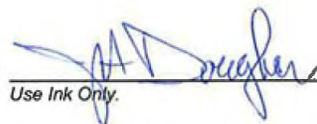
Subcontractor's Company Name	Street Address	City, State, ZIP
FEI.COM, INC. dba FEi Systems	9755 Patuxent Woods Drive	Columbia, MD, 21046

VENDOR DOES NOT PROPOSE TO USE SUBCONTRACTORS TO PERFORM SERVICES.

By signature below, vendor agrees to and shall fully comply with all Requirements related to subcontractors as shown in the bid solicitation.

Authorized Signature: _____

Use Ink Only.



Printed/Typed Name: Joseph A. Dougher, President & CEO

Date: December 5, 2016



STATE OF ARKANSAS
OFFICE OF STATE PROCUREMENT
1509 West 7th Street, Room 300
Little Rock, Arkansas 72201-4222

ADDENDUM 1

TO: Vendors Addressed
FROM: Angela Allman, Buyer
DATE: November 23, 2016
SUBJECT: SP-17-0036 Independent Assessments and Transformation Support

The following change(s) to the above-referenced RFP have been made as designated below:

- Change of specification(s)
- Additional specification(s)
- Change of bid opening time and date
- Cancellation of bid
- Revised Technical Proposal Packet

BID OPENING DATE AND TIME

- Bid opening date and time shall remain unchanged.

ADDITIONAL SPECIFICATIONS

- Add the following to Section 3.1.E.3:
 - b. DAAS is not providing institutional placement volumes. DAAS assessments will be for DAAS' HCBS and Personal Care populations only. However DAAS estimates an approximate growth of 10%.
- Add the following to Section 3.1.F.3
 - b. DBHS is not providing institutional placement volumes at this time.
- Add the following to Section 3.1.G.3
 - c. Approximately 1,500 DDS beneficiaries reside in ICF's and all other DDS beneficiaries reside in the community. However, only ICF beneficiaries transitioning back into the community and new admissions to ICF's are relevant for the purposes of this RFP. DDS growth will be driven by funding for, and CMS approval of additional ACS Waiver slots.
- Add the following to Section 3.1.G.9
 - b. The approximate number of appeals for DAAS assessments in 2016 was 220. DBHS and DDS are not currently conducting mandatory assessments and Tier Determinations for their Beneficiaries. Therefore, no estimate regarding the number of beneficiary appeals will be provided for DBHS or DDS.
- Add the following to Section 2.2.E
 - 3. The State shall reserve the right, in its sole discretion, to determine if a conflict of interest exists between a vendor and a provider organization.
 - 4. The State shall reserve the right to presume a conflict of interest exists if the vendor is a related organization to any DHS certified or licensed provider organization. Any vendor responding to this RFP must disclose any relationship with a certified or licensed provider organization providing services for or on behalf of DHS, even relationships the vendor may deem as conflict-free.

- Add the following to Section 3.4.F.1.d
 - vii. The length of calls into the Helpline will vary based on topic and need.
- Add the following to Section 2.1.E.2
 - c. DDS is using the InterRAI-ID in a limited manner. The InterRAI-ID assessment for DDS clients is voluntary and is only being used for data collection purposes.
- Add the following to Section 3.3.A.5
 - a. A Single IT Platform does not have to be singular software product, but the components or modules of the IT Platform must be seamlessly integrated so as to appear as one solution to users.
- Add the following to Section 3.3.C.1.e
 - i. The Vendor shall provide mobile access to the assessment platform. The Vendor may recommend a mobile application or a website optimized for mobile devices via web application with cascading style sheets.
 - ii. If the Vendor proposes mobile applications, the Vendor may propose a phased approach for building capacity for all mobile applications, first implementing a mobile application to be used by assessors and adding access via additional mobile applications in later phases.
 - iii. Whether the Vendor selects a mobile application or a website optimized for mobile devices, Assessments and Tier Determinations must be able to be completed by all assessors on the first day of Year 1 of Operations and results provided to DHS or DHS' designee.
- Add the following to Section 3.3.C.1.f
 - i. Vendors may propose a phased approach for web browser functionality with initial implementation supporting web-browsers that are common to state and assessor browsers, and later phasing in additional browsers. Assessments and Tier Determinations must be able to be completed by all assessors on the first day of Year 1 of Operations and results provided to DHS or DHS' designee.
- Add the following to Section 3.1.G.10.d
 - ii. DDS shall provide the Vendor with a Beneficiary's medically relevant information including their application packet and testing materials. The Vendor shall utilize these documents, in combination with the assessment results, to assist with the Tier Determination. Vendors may propose an automated process for DDS Tier Determinations or a process with manual intervention, so long as application and testing materials provided by DDS and the assessment results are taken into account.
- Add the following to Section 3.1.G.6.a
 - ii. As part of the referral, the Vendor shall receive the Beneficiary's application packet and testing materials from DDS.
- Add the following to Section 3.3.F.1
 - a. Current system interfaces are a combination of batch file, web services, and direct database connections. The IT Platform proposed by the vendor must be able to support batch file, web services, and direct database connections with DHS systems. DHS' preference and future direction is to support web services and direct database connection for more real-time operations.
- Add the following to Section 3.3.A
 - 12. Vendors may propose a phased approach for the IT Platform for the following items in the order listed: 1) technology development with assessment entry, reporting, and data integration 2) disconnected assessment data entry, and 3) access for multiple operating systems. However, assessments and Tier Determinations must be able to be completed by all assessors on the first day of Year 1 of Operations and the results transmitted to DHS or DHS' designee. The timeline for any phased approach will be agreed upon between DHS and the awarded vendor during negotiations.
 - 13. The three DHS divisions do not currently share a common platform for assessments and Tier Determinations. For other functions, all divisions leverage MMIS. DHS is currently working to implement a common platform for enrollment and eligibility across the Agency. While there are some differences in divisional requirements for assessment and Tier Determinations as described in this RFP, there is a large overlap of commonly needed functionality. DHS seeks to leverage the efficiencies of the overlapping functionality on a single IT Platform.

- Add the following to Section 3.1.C.3
 - a. For DAAS, if the Vendor proposes InterRAI-HC, the tiers have been developed. If the Vendor proposes a different Assessment Instrument for DAAS, algorithms for the Tiers shall be developed by the Vendor.
 - b. For DBHS, the Vendor shall assist with the development of algorithms and processes in order to assign Beneficiaries to the appropriate DBHS Tier as outlined in RFP.
 - c. For DDS Beneficiaries receiving an Independent Assessment, the Vendor **shall** develop the algorithm that will assign a beneficiary to either Tier 2 or Tier 3 based upon the results of assessment and other medically relevant information available.
- Add the following to Section 3.1.E.10
 - d. DHS may work with the vendor to review data and costs in establishing the tiers.
- Add the following to Section 3.1.F.10
 - f. DHS may work with the vendor to review data and costs in establishing the tiers.
- Add the following to Section 3.1.G.10
 - e. DHS may work with the vendor to review data and costs in establishing the tiers.
- Add the following to Section 3.1.G.3.b
 - viii. The Vendor shall provide the results of the Development Screen to the referring physician via email, standard mail, or facsimile, according to the security requirements in this RFP.
- Add the following to Section 3.4.G.2
 - e. The Provider Training and Support Program Director shall not be the same person as the Project Director.
- Add the following to Section 2.2.C
 3. The vendor shall provide one (1) original of each of the three (3) reference forms requested. Each original reference form submitted should be sealed, marked as original, and included in the vendor's submitted at the appropriate place in original Technical Proposal Packet.
 4. The vendor shall provide 5 copies of each of the three (3) reference forms requested. All copies of the reference forms submitted should be sealed, marked as copies, and included in the appropriate place in the vendor's submitted copies of the Technical Proposal Packet.
 5. For each reference, the vendor should request a total of six (6) forms to be returned sealed. One (1) marked as original and five (5) marked as copies.
 6. If the vendor intends on using subcontractors, the vendor shall provide three (3) references from previous clients knowledgeable of the Primary Vendor's performance in providing services similar to those sought in this RFP. If utilizing Subcontractors, the vendor shall also provide one reference for each Subcontractor the Vendor is proposing. The reference forms for the Subcontractor shall also be submitted in the manner required in this RFP.
 7. No electronic copies of the reference forms are required.
- Add the following to Section 2.1
 - F. For all divisions' Independent Assessment populations, DHS and the selected vendor will negotiate the most efficient method or process for the vendor to receive identification or communication regarding the populations. The negotiations may include methods such as Medicaid eligibility file or referral form.
- Add the following to Section 3.1.G.4.a
 - i. Regardless of a proposal recommending a staggered plan or bulk plan, pricing **must** be submitted as shown on the Official Price Sheet to ensure consistency in pricing for purposes of cost comparison.

CHANGE OF SPECIFICATIONS

- Delete Section 1.6.A.12 and replace with the following:

Contract Commencement: The date the Contract is approved/released by OSP after the Arkansas State Legislature approval which is anticipated to be on or around January 20th, 2017. Approval from the Arkansas Legislature is required prior to the vendor performing any services outlined in this RFQ.

- Delete Heading 3.5. "A. Performance of Key Personnel" and Section 3.5.A.1 and replace with the following:
AA. Performance of Key Personnel

1. Continuous performance of Key Personnel: Unless substitution is approved by the Contract Monitor, Key Personnel **shall** be the same people as referenced in the Vendor's proposal.

a. In the event the Vendor proposes position descriptions for Key Personnel in the Vendor's proposal, the Vendor **shall** provide the Contract Monitor with the proposed Key Personnel's official resumes and credentials, if applicable, before filling the Key Personnel positions. The Vendor **shall** have Key Personnel in place prior to Contract Commencement.

- The Contract Monitor **shall** have the right to require additional information concerning the proposed Key Personnel.
- The Contract Monitor or other appropriate State personnel involved with the Contract **shall** have the right to interview the proposed Key Personnel prior to deciding whether to approve the proposed Key Personnel.
- Contract Monitor will notify the Vendor in writing of: (i) the acceptance or denial, or (ii) contingent or temporary approval for a specified time limit.

- Delete Section 3.5.B.4.c and replace with the following:

c. Provide geographical coverage for populations served and distributed across the entire State of Arkansas

- Delete Section 3.3.B.1 and replace with the following:

1. The vendor **shall** develop, implement, and use technology that **shall** allow the Vendor to receive referrals from the State or its designee and to schedule appointments based upon the referrals.

- Delete Section 2.2.E.c and replace with the following:

c. The selected vendor shall not claim reimbursement for any Medicaid-covered services. Medicaid-covered services shall include but not be limited to any administrative fees for managing a network of providers that deliver Medicaid covered services.

- Delete Section 3.1.E.10.a and replace with the following:

a. DHS anticipates the vendor providing a solution that automatically assigns tiers based upon the assessment results. The Vendor shall work with DAAS to develop Tiers to which the Vendor shall assign each individual based on the outcome of the assessment. DAAS will create guidelines for the following Tiers:

- i. Preventative
- ii. Intermediate
- iii. Skilled / Institutional Level of Care

- Delete Section 3.3.C.1.m.ii and replace with the following:
 - ii. DHS staff users with the proper access level shall be able to conduct customizable queries, export data and run reports on Beneficiary information in real-time. Data exports shall be in either a delimited file format or Microsoft Excel format.

- Delete Section 3.1.F.10.c and replace with the following:
 - c. Behavioral health history, current behavioral health conditions, treatment attempted, treatment received, treatment compliance, and response to treatment and recovery history shall be used in conjunction with instrument score in making a Tier Determination recommendation. Any medical records gathered or utilized by the Vendor shall be retained by the Vendor according to the record retention standards in this RFP and shall be made available to DBHS or DBHS' designee.

- Delete Section 3.1.F.10.d and replace with the following:
 - d. The final Tier Determination may be made by the DBHS or its designee, which has not yet been determined. The Vendor shall conduct the assessment, make an initial Tier Determination, and compile the results of the assessment. The vendor shall send DBHS or its designee the entire assessment form with results and the initial tier determination outcome, which may be used by DBHS or its designee for a final Tier Determination.

- Delete Section 3.4.A and replace with the following:
 - A. The Vendor shall develop education materials and engage with providers and DHS and Division Staff to support the provider community and State staff during these changes in Assessment Instruments and Developmental Screenings, service delivery, and impacted policies regarding how providers bill for services. DHS will work with the vendor to develop curriculum and subsequent training materials for any change in billing management processes.

- Delete Section 1.1.E and replace with the following:
 - E. DHS may seek to include additional Populations, Assessments, and/or Tier Determinations in the Contract scope at a future date. The Vendor is expected to have the capability to support additional populations or Assessment Instruments, as needed. If DHS adds additional populations, assessments, and/or Tier Determinations at a future date, DHS and the vendor will negotiate rates for the additional scope of work at that time.

- Delete Section 2.1.D.3.c and replace with the following:
 - c. DBHS anticipates conducting reassessments annually for those who have been identified as having a continued need for those services as determined by DHS or DHS' designee. The vendor shall provide reassessments annually to those individuals identified as having a continued need for services. The vendor shall communicate with all DHS divisions regarding upcoming reassessments.

- Delete Section 3.1.E.9.a and replace with the following:
 - a. Vendor staff must participate, in the manner requested by DHS and at no cost to the State, in any Administrative Hearing process, legal proceeding or any form of formal dispute as a result of a Beneficiary Appeal for both eligibility assessments and a reduction or denial of services. The initial Administrative Hearing will be coordinated by DHS. Although some vendor participation via phone may be permitted, the vendor shall attend any Administrative Hearing, legal proceeding or other form of formal dispute in person when requested to do so by DHS.

- Delete Section 3.1.G.1.a and replace with the following:
 - a. Vendors **must** propose at least one (1) Assessment Instrument for the applicable DDS home and community based waiver population and ICF population. The vendor may recommend a specific instrument for children in one Assessment Instrument that covers both the adult and child population is not appropriate. If the vendor proposes an Assessment Instrument for children, it must be age appropriate.

- Delete Section 3.4.F.1.a.ii and replace with the following:
 - ii. The Vendor shall propose a system of geographical regions for the purposes of the in-person trainings. The Vendor shall propose no fewer than four (4) regions, and the regions shall geographically be similar in size. The regions shall sum to Statewide coverage.

REPLACEMENT DOCUMENTS

- Delete the Technical Proposal Packet and replace with the Revised Technical Proposal Packet

The specifications by virtue of this addendum become a permanent addition to the above referenced RFP. Failure to return this signed addendum may result in rejection of your proposal.

If you have any questions please contact Angela Allman at angela.allman@dfa.arkansas.gov or (501) 371-6156.

Company: Keystone Peer Review Organization, Inc.

Signature: 

Joseph A. Dougher, President & CEO

Date: November 30, 2016



STATE OF ARKANSAS
OFFICE OF STATE PROCUREMENT
1509 West 7th Street, Room 300
Little Rock, Arkansas 72201-4222

ADDENDUM 2

TO: Vendors Addressed
FROM: Angela Allman, Buyer
DATE: November 28, 2016
SUBJECT: SP-17-0036 Independent Assessments and Transformation Support

The following change(s) to the above-referenced RFP have been made as designated below:

- Change of specification(s)
- Additional specification(s)
- Change of bid opening time and date
- Cancellation of bid
- Other

BID OPENING DATE AND TIME

- Bid opening date and time shall remain unchanged.

CHANGE OF SPECIFICATIONS

- Delete 2.2.C and replace with the following:
 1. Vendor References
 - a. In the appropriate place in the *Technical Proposal Packet*, the Vendor **shall** provide three (3) references from previous clients knowledgeable of the Vendor's performance in providing services similar to those sought in this RFP.
 - b. The Vendor **must** use the Reference Form located in the *Technical Proposal Packet* to provide references. No other reference form or format **shall** be accepted. The Vendor **shall not** include any additional content beyond that which is requested on the form.
 - c. Each reference form submitted should be sealed and **must** be included in the vendor's proposal submission.
 - d. No hard copies or electronic copies of any reference form is required.
 2. Subcontractor References
 - a. If the vendor intends on using subcontractors, in addition to the 3 references for the prime vendor, the vendor **shall** provide one (1) reference for each Subcontractor the Vendor is proposing. References should be from clients knowledgeable of the subcontractor's performance in providing services similar to those sought in this RFP.
 - b. The subcontractor **must** use the Reference Form located in the *Technical Proposal Packet* to provide references. No other reference form or format **shall** be accepted. The subcontractor **shall not** include any additional content beyond that which is requested on the form.

- c. Each reference form submitted should be sealed and preferably included in the vendor's proposal submission at the appropriate place in Technical Proposal Packet.
 - d. If additional time is needed to obtain subcontractor references, these reference form(s) may be submitted separately from the proposal submission and **shall** be due by 2:00 p.m. CST on December 8, 2016. The form(s) **must** be delivered to the address shown on page 1 of the RFP, and **must** be clearly marked as required on page 1.
 - e. If delivered separately from the proposal, the packet for the subcontractor reference forms **must not** contain other documents or narratives.
 - f. No hard copies or electronic copies of any reference form is required.
- On the Submission Requirements page of the Technical Proposal Packet, delete the second bullet which states: *These items will not be scored as part of the bid evaluation; however, failure to provide the required information/documents shall result in disqualification of the vendor's bid.* Replace with the following:
 - Financial Capability: This item **shall** be scored per E.1.D below.
 - Conflict Of Interest Affidavit: This item **shall** be reviewed by DHS Legal Counsel for qualification/disqualification of the proposal.
 - Reference Form: These items **shall** be scored per E.1.C below.

The specifications by virtue of this addendum become a permanent addition to the above referenced RFP. Failure to return this signed addendum may result in rejection of your proposal.

If you have any questions please contact Angela Allman at angela.allman@dfa.arkansas.gov or (501) 371-6156.

Company: Keystone Peer Review Organization, Inc.

Signature: 
Joseph A. Dougher, President & CEO

Date: November 30, 2016

CONTRACT AND GRANT DISCLOSURE AND CERTIFICATION FORM

Failure to complete all of the following information may result in a delay in obtaining a contract, lease, purchase agreement, or grant award with any Arkansas State Agency.

SUBCONTRACTOR NAME: _____

Yes No

TAXPAYER ID NAME: Keystone Peer Review Organization, Goods? Services? Both? M.I.: A

YOUR LAST NAME: Dougher FIRST NAME: Joseph

ADDRESS: 777 East Park Drive STATE: PA ZIP CODE: 17111

CITY: Harrisburg COUNTRY: United States

AS A CONDITION OF OBTAINING, EXTENDING, AMENDING, OR RENEWING A CONTRACT, LEASE, PURCHASE AGREEMENT, OR GRANT AWARD WITH ANY ARKANSAS STATE AGENCY, THE FOLLOWING INFORMATION MUST BE DISCLOSED:

FOR INDIVIDUALS *

Indicate below if: you, your spouse or the brother, sister, parent, or child of you or your spouse is a current or former: member of the General Assembly, Constitutional Officer, State Board or Commission Member, or State Employee:

Position Held	Mark (✓)		Name of Position of Job Held <small>(senator, representative, name of board/commission, data entry, etc.)</small>	For How Long?		What is the person(s) name and how are they related to you? <small>(i.e., Jane Q. Public, spouse, John Q. Public, Jr., child, etc.)</small>	Relation
	Current	Former		From MM/YY	To MM/YY		
General Assembly							
Constitutional Officer							
State Board or Commission Member							
State Employee							

None of the above applies

FOR AN ENTITY (BUSINESS) *

Indicate below if any of the following persons, current or former, hold any position of control or hold any ownership interest of 10% or greater in the entity: member of the General Assembly, Constitutional Officer, State Board or Commission Member, State Employee, or the spouse, brother, sister, parent, or child of a member of the General Assembly, Constitutional Officer, State Board or Commission Member, or State Employee. Position of control means the power to direct the purchasing policies or influence the management of the entity.

Position Held	Mark (✓)		Name of Position of Job Held <small>(senator, representative, name of board/commission, data entry, etc.)</small>	For How Long?		What is the person(s) name and what is his/her % of ownership interest and/or what is his/her position of control?	Ownership Interest (%)	Position of Control
	Current	Former		From MM/YY	To MM/YY			
General Assembly								
Constitutional Officer								
State Board or Commission Member								
State Employee								

None of the above applies

Keystone Peer Review Organization, Inc.

102 - FAIR TREATMENT POLICY

Our goal at KEPRO is to maintain a working environment based upon mutual respect and cooperation, free from discrimination in any and all aspects of the operation of KEPRO, including harassment of any employee, customer or client. KEPRO expects each employee to communicate and act in a professional manner at all times. The following policies and procedures serve to clarify our expectations.

OPEN COMMUNICATION POLICY

KEPRO believes that a policy of open communication, without interference from any outside party, is best for all concerned. We also believe that each employee should have the opportunity to make problems or complaints known. Therefore, when you wish to express your problems, opinions, or suggestions, you will always find an open door and an attentive ear. We encourage all KEPRO employees to be open and responsive to the comments or suggestions of other employees.

It is the intention of this policy to handle employee problems as efficiently as possible and primarily face to face. An employee experiencing a problem is encouraged to first discuss the matter directly with the coworker(s) and/or supervisor(s) involved with the problem. However, if the employee is not satisfied with the response from those individuals, or feels uncomfortable speaking directly with them, the employee should follow the Reporting and Complaint Procedure outlined below.

EQUAL EMPLOYMENT OPPORTUNITY POLICY

It is the policy of KEPRO to base all employment-related decisions on principles of equal employment opportunity. In particular, it is the policy of KEPRO:

- to recruit, hire, promote, assign, compensate and train highly qualified persons without regard to race, color, religion, gender, national origin, ancestry, age, physical or mental disability, sexual orientation, marital status, veteran status, citizenship status, pregnancy, or any other basis protected by applicable law;
- to administer all personnel actions such as compensation, benefits, transfers, layoffs, discipline, termination, KEPRO-sponsored training, education, and social and recreational programs without regard to race, color, religion, gender, national origin, ancestry, age, physical or mental disability, sexual orientation, marital status, veteran status, citizenship status, or any other basis protected by applicable law;
- to provide reasonable accommodation where necessary and feasible, and otherwise treat equally, qualified individuals with disabilities; and
- to provide a workplace free of prohibited harassment, including sexual harassment.

KEPRO requires that each employee comply with this policy and comply with all applicable laws prohibiting unlawful discrimination and harassment in employment.

ANTI-HARASSMENT POLICY

KEPRO is committed to providing a work environment free of harassment. KEPRO maintains a strict policy prohibiting sexual harassment and harassment because of race, color, religion, gender, national origin, ancestry, age, physical or mental disability, sexual orientation, marital status, veteran status, citizenship status, or any other basis protected by applicable law. **All such harassment is prohibited.** This anti-harassment policy applies to all persons involved in KEPRO's operations and prohibits harassment by any employee of KEPRO, including managers and coworkers, as well as by customer or client, vendors and other outside persons.

SEXUAL HARASSMENT DEFINED

Federal law defines sexual harassment as unwanted sexual advances, requests for sexual favors, or verbal, non-verbal or physical conduct of a sexual nature when:

- submission to such conduct is made a term or condition of employment; or
- submission to or rejection of such conduct is used as a basis for employment decisions affecting the individual; or
- such conduct has the purpose or effect of unreasonably interfering with an employee's work performance or creating an intimidating, hostile or offensive working environment.

Sexual harassment refers to behavior that is not welcome, is personally offensive, fails to respect the rights of others, lowers morale and, therefore, interferes with our work effectiveness. Sexual harassment may take different forms and may involve members of the same sex. One specific form is the demand for sexual favors. Other forms of harassment include, but are not limited to:

- **Verbal:** Sexual innuendoes, suggestive comments, jokes of a sexual nature, sexual proposition, or threats of reprisal for making harassment reports.
- **Non-Verbal:** Dissemination or viewing of sexually suggestive objects or pictures, graphic commentaries, suggestive or insulting sounds, obscene gestures, leering or whistling.
- **Physical:** Unwanted physical contact, touching, pinching, brushing the body, assault or sexual activity.

OTHER TYPES OF HARASSMENT

Harassment on the basis of race, color, religion, gender, national origin, ancestry, age, physical or mental disability, sexual orientation, marital status, veteran status, citizenship status, or other protected basis is covered by Federal statutes. KEPRO is committed to a zero tolerance policy of all forms of harassment. These behaviors include *but are not limited to*:

- Verbal conduct such as threats, epithets, derogatory comments, derogatory jokes or slurs;
- Non-verbal conduct such as derogatory posters, photography, cartoons, drawings or gestures;
- Physical conduct such as assault, unwanted touching or blocking normal movement;
- Retaliation for making harassment reports or threatening to report harassment.

Whatever form it takes, harassment is insulting and demeaning to the recipient and will not be tolerated. All employees, managers and non-supervisors alike, must comply with KEPRO's anti-harassment policy and take appropriate measures to ensure that such conduct does not occur. Violations of this policy may result in disciplinary action up to and including termination.

REPORTING AND COMPLAINT PROCEDURE

KEPRO's reporting and complaint procedure provides for a prompt, thorough and objective investigation of any claim of discriminatory treatment, harassment and/or retaliation. While not all teasing, off-hand comments or other isolated conduct constitutes prohibited harassment, if KEPRO determines that prohibited discrimination or harassment has occurred, KEPRO will take appropriate remedial action against a person found to have engaged in prohibited discriminatory or harassing behavior. The discipline will be commensurate with the severity of the offense, up to and including termination. Appropriate action will also be taken to deter any future prohibited behavior.

Employees who believe they have been the subject of discrimination or harassment of any type should immediately report the matter to either their supervisor, another supervisor or a Human Resources representative. If any further incident(s) of discrimination or harassment occur, the incident(s) should be immediately reported.

Employees who witness or otherwise become aware of discrimination or harassment by or against any other employee should immediately report that information to their supervisor, another supervisor or a Human Resources representative. Supervisors are required to inform Human Resources of any reported incident of harassment.

All reported incidents of discrimination and/or harassment will be promptly investigated. KEPRO will, to the extent feasible, maintain the confidentiality of such complaints. However, investigation of such complaints will generally require disclosure to the accused party and other witnesses in order to gather pertinent facts. When the investigation is complete, a determination regarding the allegations will be made and information will be communicated to the person claiming discrimination and/or harassment as soon as practical. KEPRO will also take such action as it believes is appropriate under the circumstances, including, but not limited to, training, referral to counseling, warning, reassignment, compensation adjustment or termination.

NO RETALIATION

KEPRO strictly prohibits retaliation against any person by another employee or by anyone representing KEPRO for using KEPRO's Reporting and Complaint Procedure, for reporting discrimination or harassment, or for filing, testifying, assisting or participating in any manner in any investigation, proceeding or hearing conducted by a governmental enforcement agency. Prohibited retaliation includes, but is not limited to, termination, demotion, suspension, failure to hire or consider for hire, failure to give equal consideration in making employment decisions, failure to make employment recommendations impartially, adversely affecting working conditions or otherwise denying any employment benefit.

Any person who feels that s/he has experienced such prohibited retaliation, or who is aware of any prohibited retaliation by any person, should immediately report the matter by following the Reporting and Complaint Procedure above. As with complaints of discrimination or harassment, KEPRO will immediately investigate any complaint and will take appropriate action to prevent or rectify any retaliation, including but not limited to terminating the employment of the person who engaged in retaliation.

This 'no retaliation' policy applies to activities that support the ethical and integral application of business practices at KEPRO as well as those associated with all Federal and State laws and regulations where such "whistleblower" protection has been proscribed, including but not limited to the Sarbanes-Oxley Act, OSHA amendments (as applicable), and the False Claims Act (US Code 31).

Issued: September 2008, edit Oct 2013

Print Form



Voluntary Product Accessibility Template (VPAT)

Date: 11/21/2016
 Product Name: LTSS (Long-Term Services and Supports)
 Product Version Number: _____
 Vendor Company Name: FEI Systems
Vendor Contact Name: _____
 Vendor Contact Telephone: _____

APPENDIX A: Suggested Language Guide

Summary Table Voluntary Product Accessibility Template		
Criteria	Level of Support & Supporting Features	Remarks and explanations
Section 1194.21 Software Applications and Operating Systems	Not Applicable	LTSS is not a native Software Application or an Operating
Section 1194.22 Web based Internet Information and Applications	Supported	See comments in section 1194.22 below.
Section 1194.23 Telecommunications Products	Not Applicable	LTSS is not a Telecommunication Product.
Section 1194.24 Video and Multi-media Products	Not Applicable	LTSS is not a Video or Multi-media Product.
Section 1194.25 Self-Contained, Closed Products	Not Applicable	LTSS is not a Self-Contained, Closed Product.
Section 1194.26 Desktop and Portable Computers	Not Applicable	LTSS is not a Desktop and/or a Portable Computer.
Section 1194.31 Functional Performance Criteria	Supported	See comments in section 1194.31 below.
Section 1194.41 Information, Documentation and Support	Supported	See comments in section 1194.41 below.

**Section 1194.21 Software Applications and Operating Systems -
 Detail
 Voluntary Product Accessibility Template**

Criteria	Level of Support & Supporting Features	Remarks and explanations
<p>(a) When software is designed to run on a system that has a keyboard, product functions shall be executable from a keyboard where the function itself or the result of performing a function can be discerned textually.</p>	<p align="center">Not Applicable</p>	<p>LTSS is not a native Software Application or an Operating System.</p>
<p>(b) Applications shall not disrupt or disable activated features of other products that are identified as accessibility features, where those features are developed and documented according to industry standards. Applications also shall not disrupt or disable activated features of any operating system that are identified as accessibility features where the application programming interface for those accessibility features has been documented by the manufacturer of the operating system and is available to the product developer.</p>	<p align="center">Not Applicable</p>	<p>LTSS is not a native Software Application or an Operating System.</p>
<p>(c) A well -defined on -screen indication of the current focus shall be provided that moves among interactive interface elements as the input focus changes. The focus shall be programmatically exposed so that Assistive Technology can track focus and focus changes.</p>	<p align="center">Not Applicable</p>	<p>LTSS is not a native Software Application or an Operating System.</p>
<p>(d) Sufficient information about a user interface element including the identity, operation and state of the element shall be available to Assistive Technology. When an image represents a program element, the information conveyed by the image must also be available in text.</p>	<p align="center">Not Applicable</p>	<p>LTSS is not a native Software Application or an Operating System.</p>

(e) When bitmap images are used to identify controls, status indicators, or other programmatic elements, the meaning assigned to those images shall be consistent throughout an application's performance.	Not Applicable	LTSS is not a native Software Application or an Operating System.
(f) Textual information shall be provided through operating system functions for displaying text. The minimum information that shall be made available is text content, text input caret location, and text attributes.	Not Applicable	LTSS is not a native Software Application or an Operating System.
(g) Applications shall not override user selected contrast and color selections and other individual display attributes.	Not Applicable	LTSS is not a native Software Application or an Operating System.
(h) When animation is displayed, the information shall be displayable in at least one non-animated presentation mode at the option of the user.	Not Applicable	LTSS is not a native Software Application or an Operating System.
(i) Color coding shall not be used as the only means of conveying information, indicating an action, prompting a response, or distinguishing a visual element.	Not Applicable	LTSS is not a native Software Application or an Operating System.
(j) When a product permits a user to adjust color and contrast settings, a variety of color selections capable of producing a range of contrast levels shall be provided.	Not Applicable	LTSS is not a native Software Application or an Operating System.
(k) Software shall not use flashing or blinking text, objects, or other elements having a flash or blink frequency greater than 2 Hz and lower than 55 Hz.	Not Applicable	LTSS is not a native Software Application or an Operating System.
(l) When electronic forms are used, the form shall allow people using Assistive Technology to access the information, field elements, and functionality required for completion and submission of the form, including all directions and cues.	Not Applicable	LTSS is not a native Software Application or an Operating System.

Section 1194.22 Web-based Intranet and Internet information and Applications - Detail
Voluntary Product Accessibility Template

Criteria	Level of Support & Supporting Features	Remarks and explanations
(a) A text equivalent for every non-text element shall be provided (e.g., via "alt", "longdesc", or in element content).	Supported	Images, such as logos, contain alt tags; form elements, such as inputs, text-areas, radio buttons, are paired with labels.
(b) Equivalent alternatives for any multimedia presentation shall be synchronized with the presentation.	Not Applicable	LTSS does not utilize multimedia for presentation.
(c) Web pages shall be designed so that all information conveyed with color is also available without color, for example from context or markup.	Supported	Important information is alternatively conveyed using visual design methods such as font-styling, supporting text and/
(d) Documents shall be organized so they are readable without requiring an associated style sheet.	Supported	LTSS is readable and maintains organization with Style Sheets disabled.
(e) Redundant text links shall be provided for each active region of a server-side image map.	Supported	LTSS does utilize server side image maps.
(f) Client-side image maps shall be provided instead of server-side image maps except where the regions cannot be defined with an available geometric shape.	Not Applicable	LTSS does utilize client side image maps.
(g) Row and column headers shall be identified for data tables.	Supported	Data tables are structured with proper html markup tags that
(h) Markup shall be used to associate data cells and header cells for data tables that have two or more logical levels of row or column headers.	Supported	Data tables are structured with proper html markup tags that identify multi-level table captions, headers, columns and rows.
(i) Frames shall be titled with text that facilitates frame identification and navigation	Not Applicable	LTSS does not utilize frames.

(j) Pages shall be designed to avoid causing the screen to flicker with a frequency greater than 2 Hz and lower than 55 Hz.	Supported	LTSS avoids screen flickering by utilizing web standards such as, web safe colors, static images, and standard HTML & CSS for its interface.
(k) A text -only page, with equivalent information or functionality, shall be provided to make a web site comply with the provisions of this part, when compliance cannot be accomplished in any other way. The content of the text-only page shall be updated whenever the primary page changes.	Supported	LTSS is compatible with browser tools that allow the pages to render in text-only.
(l) When pages utilize scripting languages to display content, or to create interface elements, the information provided by the script shall be identified with functional text that can be read by Assistive Technology.	Supported	LTSS has been tested and is compatible with assistive technologies such as JAWS.
(m) When a web page requires that an applet, plug-in or other application be present on the client system to interpret page content, the page must provide a link to a plug-in or applet that complies with 1194.21 (a) through (l).	Not Applicable	LTSS does not require the use of an applet, plug-in or other application.
(n) When electronic forms are designed to be completed on-line, the form shall allow people using Assistive Technology to access the information, field elements, and functionality required for completion and submission of the form, including all directions and cues.	Supported	LTSS has been tested and is compatible with assistive technologies such as JAWS.
(o) A method shall be provided that permits users to skip repetitive navigation links.	Supported	LTSS was designed so that Links, Headings, Form Fields and Data Tables can be skipped
(p) When a timed response is required, the user shall be alerted and given sufficient time to indicate more time is required.	Supported	LTSS has been tested and is compatible with assistive technologies such as JAWS.

Section 1194.23 Telecommunications Products - Detail
Voluntary Product Accessibility Template

Criteria	Level of Support & Supporting Features	Remarks and explanations
<p>(a) Telecommunications products or systems which provide a function allowing voice communication and which do not themselves provide a TTY functionality shall provide a standard non-acoustic connection point for TTYs. Microphones shall be capable of being turned on and off to allow the user to intermix speech with TTY use.</p>	Not Applicable	LTSS is not a Telecommunication Product.
<p>(b) Telecommunications products which include voice communication functionality shall support all commonly used cross-manufacturer non-proprietary standard TTY signal protocols.</p>	Not Applicable	LTSS is not a Telecommunication Product.
<p>(c) Voice mail, auto-attendant, and interactive voice response telecommunications systems shall be usable by TTY users with their TTYs.</p>	Not Applicable	LTSS is not a Telecommunication Product.
<p>(d) Voice mail, messaging, auto-attendant, and interactive voice response telecommunications systems that require a response from a user within a time interval shall give an alert when the time interval is about to run out, and shall provide sufficient time for the user to indicate more time is required.</p>	Not Applicable	LTSS is not a Telecommunication Product.
<p>(e) Where provided, caller identification and similar telecommunications functions shall also be available for users of TTYs and for users who cannot see displays.</p>	Not Applicable	LTSS is not a Telecommunication Product.

<p>(f) For transmitted voice signals, telecommunications products shall provide a gain adjustable up to a minimum of 20 dB. For incremental volume control, at least one intermediate step of 12 dB of gain shall be provided.</p>	<p>Not Applicable</p>	<p>LTSS is not a Telecommunication Product.</p>
<p>(g) If the telecommunications product allows a user to adjust the receive volume, a function shall be provided to automatically reset the volume to the default level after every use.</p>	<p>Not Applicable</p>	<p>LTSS is not a Telecommunication Product.</p>
<p>(h) Where a telecommunications product delivers output by an audio transducer which is normally held up to the ear, a means for effective magnetic wireless coupling to hearing technologies shall be provided.</p>	<p>Not Applicable</p>	<p>LTSS is not a Telecommunication Product.</p>
<p>(i) Interference to hearing technologies (including hearing aids, cochlear implants, and assistive listening devices) shall be reduced to the lowest possible level that allows a user of hearing technologies to utilize the telecommunications product.</p>	<p>Not Applicable</p>	<p>LTSS is not a Telecommunication Product.</p>
<p>(j) Products that transmit or conduct information or communication, shall pass through cross-manufacturer, non-proprietary, industry-standard codes, translation protocols, formats or other information necessary to provide the information or communication in a usable format. Technologies which use encoding, signal compression, format transformation, or similar techniques shall not remove information needed for access or shall restore it upon delivery.</p>	<p>Not Applicable</p>	<p>LTSS is not a Telecommunication Product.</p>
<p>(k)(1) Products which have mechanically operated controls or keys shall comply with the following: Controls and Keys shall be tactilely discernible without activating the controls or keys.</p>	<p>Not Applicable</p>	<p>LTSS is not a Telecommunication Product.</p>

<p>(k)(2) Products which have mechanically operated controls or keys shall comply with the following: Controls and Keys shall be operable with one hand and shall not require tight grasping, pinching, twisting of the wrist. The force required to activate controls and keys shall be 5 lbs. (22.2N) maximum.</p>	<p>Not Applicable</p>	<p>LTSS is not a Telecommunication Product.</p>
<p>(k)(3) Products which have mechanically operated controls or keys shall comply with the following: If key repeat is supported, the delay before repeat shall be adjustable to at least 2 seconds. Key repeat rate shall be adjustable to 2 seconds per character.</p>	<p>Not Applicable</p>	<p>LTSS is not a Telecommunication Product.</p>
<p>(k)(4) Products which have mechanically operated controls or keys shall comply with the following: The status of all locking or toggle controls or keys shall be visually discernible, and discernible either through touch or sound.</p>	<p>Not Applicable</p>	<p>LTSS is not a Telecommunication Product.</p>

**Section 1194.24 Video and Multi-media Products - Detail
 Voluntary Product Accessibility Template**

Criteria	Level of Support & Supporting Features	Remarks and explanations
<p>a) All analog television displays 13 inches and larger, and computer equipment that includes analog television receiver or display circuitry, shall be equipped with caption decoder circuitry which appropriately receives, decodes, and displays close captions from broadcast, cable, videotape, and DVD signals. As soon as practicable, but not later than July 1, 2002, widescreen digital television (DTV) displays measuring at least 7.8 inches vertically, DTV sets with conventional displays measuring at least 13 inches vertically, and stand-alone DTV tuners, whether or not they are marketed with display screens, and computer equipment that includes DTV receiver or display circuitry, shall be equipped with caption decoder circuitry which appropriately receives, decodes, and displays close captions from broadcast, cable, videotape, and DVD signals.</p>	<p align="center">Not Applicable</p>	<p align="center">LTSS is not a Video or Multi-media Product.</p>
<p>(b) Television tuners, including tuner cards for use in computers, shall be equipped with secondary audio program playback circuitry.</p>	<p align="center">Not Applicable</p>	<p align="center">LTSS is not a Video or Multi-media Product.</p>
<p>(c) All training and informational video and multimedia productions which support the agency's mission, regardless of format, that contain speech or other audio information necessary for the comprehension of the content, shall be open or closed captioned.</p>	<p align="center">Not Applicable</p>	<p align="center">LTSS is not a Video or Multi-media Product.</p>

<p>(d) All training and informational video and multimedia productions which support the agency's mission, regardless of format, that contain visual information necessary for the comprehension of the content, shall be audio described.</p>	<p>Not Applicable</p>	<p>LTSS is not a Video or Multi-media Product.</p>
<p>(e) Display or presentation of alternate text presentation or audio descriptions shall be user-selectable unless permanent.</p>	<p>Not Applicable</p>	<p>LTSS is not a Video or Multi-media Product.</p>

**Section 1194.25 Self-Contained, Closed Products - Detail
 Voluntary Product Accessibility Template**

Criteria	Level of Support & Supporting Features	Remarks and explanations
(a) Self contained products shall be usable by people with disabilities without requiring an end-user to attach Assistive Technology to the product. Personal headsets for private listening are not Assistive Technology.	Not Applicable	LTSS is not a Self-Contained, Closed Product.
(b) When a timed response is required, the user shall be alerted and given sufficient time to indicate more time is required.	Not Applicable	LTSS is not a Self-Contained, Closed Product.
(c) Where a product utilizes touchscreens or contact-sensitive controls, an input method shall be provided that complies with 1194.23 (k) (1) through (4).	Not Applicable	LTSS is not a Self-Contained, Closed Product.
(d) When biometric forms of user identification or control are used, an alternative form of identification or activation, which does not require the user to possess particular biological characteristics, shall also be provided.	Not Applicable	LTSS is not a Self-Contained, Closed Product.
(e) When products provide auditory output, the audio signal shall be provided at a standard signal level through an industry standard connector that will allow for private listening. The product must provide the ability to interrupt, pause, and restart the audio at anytime.	Not Applicable	LTSS is not a Self-Contained, Closed Product.

<p>(f) When products deliver voice output in a public area, increments of volume control shall be provided with output amplification up to a level of at least 65 dB. Where the ambient noise level of the environment is above 45 dB, a volume gain of at least 20 dB above the ambient level shall be user selectable. A function shall be provided to automatically reset the volume to the default level after every use.</p>	<p>Not Applicable</p>	<p>LTSS is not a Self-Contained, Closed Product.</p>
<p>(g) Color coding shall not be used as the only means of conveying information, indicating an action, prompting a response, or distinguishing a visual element.</p>	<p>Not Applicable</p>	<p>LTSS is not a Self-Contained, Closed Product.</p>
<p>(h) When a product permits a user to adjust color and contrast settings, a range of color selections capable of producing a variety of contrast levels shall be provided.</p>	<p>Not Applicable</p>	<p>LTSS is not a Self-Contained, Closed Product.</p>
<p>(i) Products shall be designed to avoid causing the screen to flicker with a frequency greater than 2 Hz and lower than 55 Hz.</p>	<p>Not Applicable</p>	<p>LTSS is not a Self-Contained, Closed Product.</p>
<p>(j) (1) Products which are freestanding, non-portable, and intended to be used in one location and which have operable controls shall comply with the following: The position of any operable control shall be determined with respect to a vertical plane, which is 48 inches in length, centered on the operable control, and at the maximum protrusion of the product within the 48 inch length on products which are freestanding, non-portable, and intended to be used in one location and which have operable controls.</p>	<p>Not Applicable</p>	<p>LTSS is not a Self-Contained, Closed Product.</p>

<p>(j)(2) Products which are freestanding, non-portable, and intended to be used in one location and which have operable controls shall comply with the following:</p> <p>Where any operable control is 10 inches or less behind the reference plane, the height shall be 54 inches maximum and 15 inches minimum above the floor.</p>	<p>Not Applicable</p>	<p>LTSS is not a Self-Contained, Closed Product.</p>
<p>(j)(3) Products which are freestanding, non-portable, and intended to be used in one location and which have operable controls shall comply with the following:</p> <p>Where any operable control is more than 10 inches and not more than 24 inches behind the reference plane, the height shall be 46 inches maximum and 15 inches minimum above the floor.</p>	<p>Not Applicable</p>	<p>LTSS is not a Self-Contained, Closed Product.</p>
<p>(j)(4) Products which are freestanding, non-portable, and intended to be used in one location and which have operable controls shall comply with the following:</p> <p>Operable controls shall not be more than 24 inches behind the reference plane.</p>	<p>Not Applicable</p>	<p>LTSS is not a Self-Contained, Closed Product.</p>

Section 1194.26 Desktop and Portable Computers		
Criteria	Level of Support & Supporting Features	Remarks and explanations
(a) All mechanically operated controls and keys shall comply with 1194.23 (k) (1) through (4).	Not Applicable	LTSS is not a Desktop and/or a Portable Computer.
(b) If a product utilizes touchscreens or touch-operated controls, an input method shall be provided that complies with 1194.23 (k) (1) through (4).	Not Applicable	LTSS is not a Desktop and/or a Portable Computer.
(c) When biometric forms of user identification or control are used, an alternative form of identification or activation, which does not require the user to possess particular biological characteristics, shall also be provided.	Not Applicable	LTSS is not a Desktop and/or a Portable Computer.
(d) Where provided, at least one of each type of expansion slots, ports and connectors shall comply with publicly available industry standards	Not Applicable	LTSS is not a Desktop and/or a Portable Computer.

Section 1194.31 Functional Performance Criteria - Detail
Voluntary Product Accessibility Template

Criteria	Level of Support & Supporting Features	Remarks and explanations
(a) At least one mode of operation and information retrieval that does not require user vision shall be provided, or support for Assistive Technology used by people who are blind or visually impaired shall be provided.	Supported with exception	The main web application is fully supported with screen readers such as JAWS. The reporting and ad-hoc reporting using Microsoft Reporting Service (SSRS) do not support fully support this feature. Alternatively, the information and
(b) At least one mode of operation and information retrieval that does not require visual acuity greater than 20/70 shall be provided in audio and enlarged print output working together or independently, or support for Assistive Technology used by people who are visually impaired shall be provided.	Supported	LTSS has been tested and is compatible with assistive technologies such as JAWS and 3rd party browser plug-ins.
(c) At least one mode of operation and information retrieval that does not require user hearing shall be provided, or support for Assistive Technology used by people who are deaf or hard of hearing shall be provided	Supported	LTSS displays all information visually via the user interface as the standard mode.
(d) Where audio information is important for the use of a product, at least one mode of operation and information retrieval shall be provided in an enhanced auditory fashion, or support for assistive hearing devices shall be provided.	Not Applicable	LTSS does not utilize audio.
(e) At least one mode of operation and information retrieval that does not require user speech shall be provided, or support for Assistive Technology used by people with disabilities shall be provided.	Not Applicable	LTSS does not require user speech for input.

(f) At least one mode of operation and information retrieval that does not require fine motor control or simultaneous actions and that is operable with limited reach and strength shall be provided.	Supported	LTSS can be accessed via web enabled devices that support specialized I/O made to receive physical input from users with limited physical capabilities.
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Section 1194.41 Information, Documentation and Support - Detail
 Voluntary Product Accessibility Template

Criteria	Level of Support & Supporting Features	Remarks and explanations
(a) Product support documentation provided to end-users shall be made available in alternate formats upon request, at no additional charge	Supported	508 compliant documentation can be provided in PDF format.
(b) End - users shall have access to a description of the accessibility and compatibility features of products in alternate formats or alternate methods upon request, at no additional charge.	Supported	508 compliant documentation can be provided in PDF format.
(c) Support services for products shall accommodate the communication needs of end-users with disabilities.	Supported	E-mail, voice call.

APPENDIX A (of the DoS VPAT/GPAT Checklist)

Suggested Language for Filling out the VPAT/GPAT

In order to simplify the task of conducting market research assessments for procurement officials or customers, ITIC (Information Technology Industry Council) has developed suggested language for use when filling out a VPAT/GPAT. You may choose to employ all or some of the language below. Once you determine what language you intend to use, we recommend that use is consistent throughout all of your VPAT/GPATs.

Supporting Features (Column 2 on VPAT/GPAT)

Supports

Use this language when you determine the product fully meets the letter and intent of the Criteria.

Partially Supports or Supports with Exceptions

Use this language when you determine the product does not fully meet the letter and intent of the Criteria, but provides some level of access relative to the Criteria.

Supports through Equivalent Facilitation

Use this language when the product instead uses a different but equivalent or better means of meeting the EIT accessibility Criteria.

Supports when combined with Compatible AT

Use this language when you determine the product fully meets the letter and intent of the Criteria when used in combination with Compatible AT. For example, many software programs can provide speech output when combined with a compatible screen reader (commonly used assistive technology for people who are blind).

Does not Support

Use this language when you determine the product does not meet the letter or intent of the Criteria.

Not Applicable

Use this language when you determine that the Criteria do not apply to the specific product.

Not Applicable - Fundamental Alteration Exception Applies

Use this language when you determine a Fundamental Alteration of the product would be required to meet the Criteria (see the access board standards for the definition of "fundamental alteration").

IMPACT Outreach Center
IRW Program for Accessible Computer/Communication Technology
(IMPACT) 2025 E Street, N.W. (SA-9), Office NE4026
Washington, DC 20006
Email: SECTION908@state.gov
Voice: (202) 634-0315
Internet: <http://www.state.gov/>
Intranet: accessibilityimpact.state.gov

TECHNICAL PROPOSAL PACKET

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E.1 VENDOR QUALIFICATIONS

Our comprehensive solution is low risk and guaranteed to achieve the objectives of DHS. Our experienced team and highly relevant references exceed vendor qualification requirements.

Qualifications are the most important criteria for contractor evaluation to meet the diverse needs of DHS and its Divisions. Past experience, demonstrating relevant qualifications, is the best indicator of future performance. Company and our two primary subcontractors (FEI and HCBS) have the all qualifications DHS requires – and exceed requirements for a proven solution that will transform the delivery system and improve quality, beneficiary experience, and cost-effectiveness of program services.

Company Qualifications

Company has a suite of products that deliver efficient management and improvement services for health and human services programs in the public and private sector. Our clinicians, analysts, technicians, and management provide highly automated services, promoting access to necessary care in the most appropriate settings. We help our state and federal clients protect valuable program resources and administer their programs equitably. Our unified company focus is the right service, in the right setting, for every person, every time. Our comprehensive qualifications illustrate our ability to complete the current scope of work:

- ✓ 30 years of experience with complex state, national, and international healthcare and human services programs through our federal contracts.
- ✓ 20 years of experience with behavioral health and intellectual/developmental disabilities.
- ✓ Over 25,000 face-to-face assessments annually, with a total of over 200,000 assessments in total.
- ✓ 150 employed field-based staff in programs that cover over 370,000 square miles in four states.
- ✓ Stable and secure information system supporting over 37,000 providers to submit requests, referrals, medical records and other materials
- ✓ Management of over 100,000 appeal hearings a year through national and state contracts.

Our Experienced Team and Highly Relevant References Reduces Project Risk

- 73 years of relevant project experience
- 6 projects/30 years - highly relevant Company assessment and transformation projects in Florida, West Virginia, California, and Ohio)
- 3 projects/7 years - FEI teammate assessment and transformation projects in Maryland, Mississippi, and Virginia
- 8 projects/21 years - HCBS Strategies assessment and transformation projects in Hawaii, Alaska, Minnesota, Colorado, and Oregon
- D&B score of 2 out of 5 (low risk)
- No litigation within the past 5 years
- No organizational or individual conflict of interest



A.1 Describe your company’s past experience with similar projects and services. List and describe all the projects that meet the 5-year minimum experience requirements. Specifically describe your experience or your subcontractor’s experience and how each experience is directly related to the work that will be performed under this Scope of Work.

With experience in each of the functional areas the scope of work requires, Company provides an efficient solution for DHS. We reduce risk and enhance these functionalities with subcontractor partners for dual redundancy to improve the reliability and availability of critical resources. Our approach also provides the depth and extent of clinical, technical, and systems expertise to ensure successful completion of the entire scope of work to the satisfaction of DHS. The projects our team highlights in this section represent relevant and current examples of our experience and have been active within the past five years. We summarize the scope of work for each team member and our project experience in [Table E.1-1](#).

Table E.1-1: Scope of Work for Company Team and Projects

Company (Prime)	FEi Systems, Inc.	HCBS Strategies, Inc.
<p>Scope of Work Implementation/transformation; Project Director, administrative, and assessment/screening staff; Finalizing and administering Independent assessments and screens; Provider training and technical assistance; analysis & reporting *Company’s national network of 2,500 Board-certified physicians will be resources to the team through Company</p>	<p>Scope of Work IT Platform; assistance with automating assessments and screens; algorithms for Tier Determinations; staff, DHS and provider training; logistics, scheduling, and tracking; data management and reporting *University of Michigan researchers Dr. Brant Fries and Mary James will be resources to the team through FEi Systems.</p>	<p>Scope of Work Operations Review for DAAS, DBHS, and DDS to document relevant processes; assistance with finalizing assessment and screening tools; finalizing Tier definitions and algorithms; assistance with testing Tiers *Resources for waiver development and reporting will be available through HCBS Strategies</p>
<p>Project Experience Seven (6) Projects – 45 Years</p>	<p>Project Experience Three (3) Projects – 7 years</p>	<p>Project Experience Five (5) Projects – 21 Years</p>

The Company team is the most experienced partnership for the scope of work, with significantly more than five years of cumulative experience in each of the relevant functionalities required to complete contract activities. There are six main areas of capacity that are critical indicators for the success of this project. We define these areas below, summarize them in [Table E.1-1](#), and provide details in our project descriptions.

A. Complex Statewide/Multistate Projects

Arkansas’ geography combines its five metropolitan statistical areas, which represent approximately 45% of its total population, with over 55 rural counties (representing over 70% of counties), and including 57 towns with less than 2,000 residents. This combination of population distribution, rural geography, and the need to provide services to individuals across the state represents a challenging and complex task for managing Assessors across Arkansas regions. The successful Vendor must have experience with statewide and/or multi-state projects involving complex, field-based services in areas that include both metropolitan and rural locations.

B. Transformation/Implementation

The goal of DHS for this project is to transform services for beneficiaries into a coordinated, efficient, and person-centered delivery system with a foundation of independent assessment of beneficiary

Department of Human Services
 Independent Assessments and Transformation Support
 State of Arkansas Technical Proposal Packet

Project	Complexity	Transformation/ Implementation	Training & TA	Assessments	IT & Reports	Populations
West Virginia Department of Health & Human Resources – 16 YRS	Statewide	T, I	★	Independent	✓	Aged, Adult, Child Medical, BH, IDD
Tricare Quality Monitoring – 15 Years	National	T, I	★	Clinical Evaluation	✓	Aged, Adult, Child Medical, BH, IDD
Florida Agency for Healthcare Administration PASRR – 9 YRS	Statewide	T, I	★	Independent	✓	Aged, Adult, Child Medical, BH
California Department of Health Care Services PASRR – 2 YRS	Statewide	T, I	★	Independent	✓	Aged, Adult, Child Medical, BH
Medicare BFCC-QIO – 2 YRS	34 States	T, I	★	Clinical Quality	✓	Aged, Adult Medical, BH
Ohio Department of Jobs & Family Services PASRR – 1 YR	Statewide	T, I	★	Independent	✓	Aged, Adult, Child Medical, BH
FEl Systems, Inc. – 7 Years						
Maryland LTSS Waiver Care Management System – 3 YRS	Statewide	T, I	★	interRAI Suite	✓	Aged & Disabled
Mississippi LTSS Waiver Care Management System – 3 YRS	Statewide	I	★	interRAI (Aged & Disabled) ICAP – IDD	✓	Elderly, Disabled, IDD, TBI/SCI
Virginia Waiver Management System – 1 YR	Statewide	I	★	State Instrument (VIDES) Import SIS	✓	Infants, Children, Adults - IDD
HCBS Strategies, Inc. – 21 Years						
Hawaii Executive Office on Aging – 7 YRS	Statewide application	Recommend & Support	★	interRAI	Project Reports	Aged & Disabled
Alaska Department of	Statewide application	Recommend & Support	★	interRAI	Project Reports	Aged & Disabled

Project	Complexity	Transformation/ Implementation	Training & TA	Assessments	IT & Reports	Population s
Health & Social Services – 5 YRS						IDD Children
Minnesota Department of Human Services – 5 YRS	Statewide application	Recommend & Support	★	interRAI	Project Reports	Aged & Disabled IDD Children MH
Colorado Department of Health Care Policy & Finance – 3 YRS	Statewide application	Recommend & Support	★	CMS FASI*	Project Reports	Aged & Disabled IDD Children MH
Oregon Office of Developmental Disabilities – 1 YR	Statewide application	Recommend & Support	★	CMS FASI*	Project Reports	IDD

*Functional Assessments Standardized Items (FASI)

The following project descriptions provide more detailed supporting evidence of the relevance of our independent assessment experience across the team. For each team member, we focus on the relevant components of their experience (A-F), and for Company address all six components to illustrate our comprehensive capabilities for this scope of work. We present this experience for Company in [Table E.1-1](#) through [Table E.1-8](#) and experience for our subcontractors in [Table E.1-9](#) and [Table E.1-10](#).

COMPANY – PRIME CONTRACTOR

With 18 current Medicaid contracts in 13 states, and three contracts with multi-state or national scope, we selected the seven most relevant projects that encompass our 60 cumulative years of experience. The projects we describe for Company address the current scope of work in its entirety and illustrate our ability to work with state and federal agencies as trusted partners for long-term achievement of program goals. Our experience will benefit DHS in that it assures the Department of our qualifications to supervise subcontractors appropriately and assume responsibility for the project with resources as needed for contract success. A highlight of our experience is the length of the contracting relationships with the states. We meet all contract requirements for our clients, finishing the project and often evolving our services to meet new needs and requirements.

Table E.1-3: State of West Virginia Experience

1. State of West Virginia (16 Years) – Administrative Services Organization

Client and Scope

The Department of Health and Human Resources (DHHR) contracts with Company as an Administrative Services Organization (ASO) to provide services to the Bureau for Medicaid Services (BMS); the Bureau for Children and Families; and the Bureau for Behavioral Health and Health Facilities (BHHF). We provide a comprehensive, automated set of assessments, reviews, provider audits, and training/technical assistance services through which BMS, BCF, and BHHF enhance recipient experience, improve service quality, and deliver cost-effective services to West Virginians.

Critical Functionality Capabilities

A. Complexity

We support unique scope of work requirements for three state agencies across 55 rural counties for utilization management of medical and behavioral health, independent assessments, social necessity review, provider audits, block grant reporting, monthly, quarterly, and annual reports; statistical budgeting module for IDD Waiver, provider certification for the Traumatic Brain Injury (TBI) Waiver; collection of data for HCBS Quality Framework reporting for three waivers; and single information system platform with provider portal.

B. Transformation/Implementation

Our scope of work includes five major system transformations for DHHR:

- 1. Implementation of Behavioral Health Utilization Management in 2000.** *The initial contract period entailed development of a new program to manage utilization of behavioral health services for DHHR. We provided training and technical assistance to every behavioral health provider and facility to use the provider portal, apply state-defined criteria, and use prior authorization numbers for billing.*
- 2. Development of Socially Necessary Service (SNS) Review in 2003.** *We developed a new program to authorize family support services, including foster child and adoptive parent support, with service and unit definitions, review tools, and social necessity criteria.*
- 3. Implementation of the IDD Independent Assessment in 2006.** *DHHR consolidated management of the waiver to an independent vendor for IDD waiver with approximately 5,000 enrollees. Services included transition assessments from providers; development of new statistical budgetary model to allocate resources based on assessments; information system for assessments, service plans, authorizations, provider audits, and reporting.*
- 4. Transition of state agency responsibility to Vendor in 2009.** *BHHF consolidated responsibility for development and implementation of eligibility gatekeeping; service level authorizations; training and consultation; and data collection for block grant reporting, affecting every non-Medicaid behavioral health provider and facility in the State.*
- 5. Implementation of new TBI waiver in 2011.** *The Traumatic Brain Injury Waiver began in 2011, and Company was responsible for all aspects of waiver implementation and management. These responsibilities included development of criteria for provider certification and authorization of services, independent assessments of enrollees, quality assurance audits, HCBS Quality Framework reporting, and information system.*

C. Provider Technical Assistance and Training

We highlight the IDD Waiver transformation here to illustrate our experience. We conducted 98 provider and consumer training sessions in all 55 West Virginia counties to ensure providers and enrollees had accurate and complete information about waiver transformation. We also redesigned the eligibility process to ensure individuals on the waiting list remained eligibility for services to avoid unnecessary waits for enrollment. The average rating for these sessions was 4.8 out of 5; the management program

1. State of West Virginia (16 Years) – Administrative Services Organization

implemented successfully and on-time and currently houses longitudinal service plans for all enrollees and achieved a reduction in the waiting list.

D. Independent Assessments – 5,000 Per Year

We conduct independent assessments of new enrollees for the Aged & Disabled Waiver (Level of Care, Preadmission Screening); Traumatic Brain Injury Waiver (Eligibility and comprehensive functional/needs assessment); and Intellectual/Developmental Disabilities Waiver (eligibility and comprehensive functional/needs assessment). We also conduct emergency assessments for all three waivers and annual reassessments for the A&D Waiver (100%) and TBI and IDD Waivers (three-year reassessment period).

E. Information Technology and Reporting

We built and maintain a proprietary information system for all components of the program in all three Bureaus. This system includes a Provider Portal for authorization requests and submission of record documentation for assessments. Modules for each scope of work component addresses assessments; provider portal for utilization management requests, waiver service plans, and reports; statistical budgeting module for IDD Waiver; access for Department staff to online records and reports.

F. Relevant Populations

The program serves adult and child Medicaid beneficiaries and recipients of State-funded services for medical, behavioral health, IDD, and non-clinical community-based services, and includes Aged & Physically Disabled, IDD, and TBI waiver populations and providers.

Table E.1-4: Tricare Quality Monitoring Experience

2. Tricare Management Authority – (15 Years) National Quality Monitoring

Client and Scope

Company contracts with Tricare to provide an extensive set of services relative to the purchased care component (managed care), and began this contract in 2005; most recently Tricare expanded the contract competitively for comprehensive quality and consulting services for purchased care and direct care (non-managed care), extending our capacity to the entire Military Health System in the US and overseas. We conduct utilization review of medical and behavioral health services; certify behavioral health facilities; evaluate emerging practice and technology; collect data for HEDIS reporting and calculate HEDIS measures; conduct special studies and research analyses; and provide an information system that meets the National Institute of Standards and Technology requirements for security.

Critical Functionality Capabilities

A. Complexity

Our national and international responsibilities encompass a scope for all military service personnel and family members, including three Tricare regions in the US and the overseas region – projected to serve over 1.3 million active duty beneficiaries in 2017, including through three military treatment facilities in Arkansas. With 22 small and large subcontractors, we coordinate and administer the scope of work to meet all contract requirements. When the project was awarded to Company for a record third consecutive contract in 2016, Tricare noted that our experience made us the lowest risk vendor under consideration.

B. Transformation/Implementation

Our scope of work includes many system and process transformations for Tricare, for example, with our original contract; we transitioned responsibility for certification of behavioral health facilities from an external source to the Company contract. This process involved development of certification protocols and tools, criteria for certification, appeal processes for unsuccessful facilities, and appropriate staffing and reporting.

C. Provider Technical Assistance and Training

We deliver training and technical assistance to the 9,000 providers who are responsible for services subject to Quality Monitoring. Our approach includes a formal manual of procedures, webinars and electronic information, and onsite technical assistance during provider certification visits.

D. Independent Assessments

Our responsibilities for Tricare entail individual assessments of proposed services as well as retrospective review of the medical necessity and quality of care for active duty service members and their families.

E. Information Technology and Reporting

We built and maintain a proprietary information system for all components of the program. The system includes a Provider Portal for referrals and submission of record documentation for assessments. Providers and the agencies can track assessments, view reports, and download notifications.

F. Relevant Populations

The Tricare population mirrors the Medicaid population in terms of adult and child members, as well as individuals with behavioral health needs and intellectual/developmental disabilities.

Table E.1-5: Florida PASRR Experience

3. State of Florida (9 Years) – Preadmission Screening and Resident Review

Client and Scope

The Agency for Health Care Administration (AHCA) and the Department Child and Family Services contract with Company as the Preadmission Screening and Resident Review vendor to conduct independent assessment of nursing home applicants. We confirm the diagnosis of a serious mental illness; make a determination concerning service needs, including specialized services; and recommend service plans to address individual needs.

Critical Functionality Capabilities

A. Complexity

Three independent state agencies administer PASRR across Florida's diverse geographic of urban cities and rural counties, with a maximum seven-day turnaround for completed determinations, including record review and face-to-face evaluations by behavioral health professionals as indicated. The scope of work ensures that placement is appropriate and access to care is assured in the State's 700 nursing homes, with over 83,000 beds serving 73 thousand residents.

B. Transformation/Implementation

Our scope of work includes implementation of the system and process transformations for AHCA/DCF:

- 1. Program Implementation in 2007.** *The initial contract period entailed development of a new program to transition assessments from State staff to an independent, centralized vendor. We completed training and technical assistance for referring facilities and agencies, to adopt the new system and use the provider portal for submission of Level I referrals and medical record documentation.*
- 2. Process Transformation.** *This program is unique in conducting medical record review for 100% of referrals and conduct a face-to-face interview only if documentation is insufficient. Adopting this process reduced the Turnaround Time for evaluations from nine days prior to implementation to an average of 3.5 days, and allowed us to conduct child assessments with 100% face-to-face evaluations within one working day of the referral.*

C. Provider Technical Assistance and Training

We highlight a specific initiative to illustrate our capabilities. By tracking and reviewing administrative closures – assessments terminated for lack of information – we identified a pattern of documentation among selected providers with consistencies in missing information. We provided onsite technical assistance and training to address the systemic issue, helped the providers develop new documentation and submission processes, and reduced the administrative closure rate from 20% to 2% in 6 months.

D. Independent Assessments – 4,500 Per Year/Approximately 5% Face-to-Face

We conduct evaluations of nursing facility applicants and make a determination of appropriateness of setting and need for services. We also provide ongoing Resident Review, which is an assessment of the nursing home resident if there are significant changes in the resident's physical or mental health status.

E. Information Technology and Reporting

We built and maintain a proprietary information system for all components of the program. The system includes a Provider Portal for referrals and submission of record documentation for assessments. Providers and the agencies can track assessments, view reports, and download notifications.

F. Relevant Populations

The program serves all-payer applicants for nursing facility services, including adults and children. We are in the process of implementing a contract with AHCA and the Agency for Persons with Disabilities (APD) that will expand our responsibility to the IDD population.

Table E.1-6: State of California PASRR Experience

4. State Of California (2 Years) – Preadmission Screening And Resident Review

Client and Scope

The Mental Health Services Division in the Department of Health Care Services contracts with Company as the Preadmission Screening and Resident Review vendor to conduct independent assessment of nursing home applicants. We confirm the diagnosis of a serious mental illness; make a determination concerning service needs, including specialized services; and recommend service plans to address individual needs.

Critical Functionality Capabilities

A. Complexity

While California has fewer counties than Arkansas, the variation in county size and complexity is significant from Alpine County in the Sierra Nevada, with 1,100 residents to Los Angeles County with over 10 million residents. We conduct 100% face-to-face assessment of nursing facility applicants, confirming diagnosis and recommending specialized services as well as recommendations for home-and-community placement. The scope of work ensures that placement is appropriate and access to care is assured in the State's 1,200 nursing homes, with over 118,000 beds serving 98 thousand residents.

B. Transformation/Implementation

Our scope of work includes implementation of the program and a significant transformation of the assessment process to occur prior to admission to the nursing facility and reduction of the average turnaround time from 45 days to 4 days.

- 1. Program Implementation in 2015.** *The initial contract period entailed development of a new program to transition assessments from a long-term vendor to centralized vendor and development of a new system. We participated in development of and testing the system, and re-engineered the process to dramatically reduce the turnaround time and bring it within federal requirements.*
- 2. Process Transformation.** *The previous approach conducted virtually all of the pre-admission screening after nursing facility admission. We collaborated with the Division and the 25 largest hospitals in the State to shift the assessment process to the recipients home, provider office, or referring acute facility to bring the process into compliance with State and federal regulations.*

C. Provider Technical Assistance and Training

There are over 1,200 certified nursing facilities in California, and our responsibility is to conduct training and technical assistance for all them. During 2015-2016 our training and technical assistance focused on achieving system transformation to conduct assessments prior to nursing facility admission. This processes included identifying the highest volume facilities, conducting conference calls and site visits, and providing webinars, guidance documents, and reminders during visits.

D. Independent Assessments – 12,000 Per Year/100% Face-to-Face

We conduct evaluations of nursing facility applicants and make a determination of appropriateness of setting and need for services. We also provide ongoing Resident Review, which is an assessment of the nursing home resident if there are significant changes in the resident's physical or mental health status. As part of the scope of work, we conduct 100% quality assurance review of the assessments prior to submitting to the State and issuing notifications to providers and consumers.

E. Information Technology and Reporting

We helped build the State's proprietary information system for all components of the program. The system includes a Provider Portal for referrals and submission of record documentation for assessments. Providers and the agencies can track assessments, view reports, and download notifications.

F. Relevant Populations

4. State Of California (2 Years) – Preadmission Screening And Resident Review

The program serves all-payer applicants for nursing facility services, including adults and children.

Table E.1-7: State of Ohio PASRR Experience

5. State of Ohio (1 Years) – Preadmission Screening and Resident Review

Client and Scope

The Ohio Department of Job and Family services (ODJFS) contracts with Company as the Preadmission Screening and Resident Review vendor to conduct independent assessment of nursing home applicants who may have mental illness (MI) or a dual diagnosis of MI and IDD. We confirm the diagnosis of a serious mental illness; make a determination concerning service needs, including specialized services; and recommend service plans to address individual needs.

Critical Functionality Capabilities

A. Complexity

We transitioned this program within 45 days across Ohio's 88 counties. This process included consolidating assessments from over 100 independent contractors, transitioning the highest performing individuals from the incumbent to Company, and implementing services in northeast Ohio through a small, disabled service veteran organization. The scope of work ensures that placement is appropriate and access to care is assured in the State's over 1,000 nursing homes, with over 90,000 beds serving 75 thousand residents.

B. Transformation/Implementation

Our scope of work includes implementation of the system and a significant process transformation for ODJFS:

- 1. Process Transformation.** *We reduced the turnaround time and reliability of assessments by consolidating the 100 independent contractors, some of whom conducted only one or two assessments a year, to a smaller cohort with high volume. This process reduced the turnaround time from over 9 days to an average of four days and improved reliability.*
- 2. System Transformation.** *The vendor responsible for development of the information system for PASRR was not able to complete the configuration to meet Ohio specifications. Our IT team assumed responsibility for this function and in less than 60 days deployed a fully-functional, compliant, and secure system.*

C. Provider Technical Assistance and Training

Our field-based Assessors are responsible to provide training and technical assistance concerning state and Federal regulations to the State's 1,000 nursing home providers. During implementation, we met with the highest volume providers to provide on-site orientation for the change to our more automated process.

D. Independent Assessments – 10,000 Per Year/100% Face-to-Face

We conduct evaluations of nursing facility applicants and make a determination of appropriateness of setting and need for services. We also provide ongoing Resident Review, which is an assessment of the nursing home resident if there are significant changes in the resident's physical or mental health status.

E. Information Technology and Reporting

We built and maintain a proprietary information system for all components of the program. The system includes a Provider Portal for referrals and submission of record documentation for assessments. Providers and the agencies can track assessments, view reports, and download notifications.

F. Relevant Populations

The program serves all-payer applicants for nursing facility services, including adults and children. This program conducts assessments of individuals with possible mental illness as well as individuals who may have a dual diagnosis of MI and IDD.

Table E.1-8: Centers for Medicare and Medicaid Experience

6. Centers for Medicare and Medicaid Services (2 Years) – Beneficiary and Family-Centered QIO

Client and Scope

The Centers for Medicare and Medicaid Services contracts with Company as the Beneficiary and Family-centered QIO for Regions 2, 3, and 4, which encompasses 34 states and 42 million Medicare beneficiaries. The responsibilities of this project include quality review, investigation of concerns and complaints, interventions with Medicare providers, and Beneficiary Call Center.

Critical Functionality Capabilities

A. Complexity

We transitioned this program within 45 days across Ohio's 88 counties. This process included consolidating assessments from over 100 independent contractors, transitioning the highest performing individuals from the incumbent to Company, and implementing services in northeast Ohio through a small, disabled service veteran organization. The scope of work ensures that placement is appropriate and access to care is assured in the State's over 1,000 nursing homes, with over 90,000 beds serving 75 thousand residents.

B. Transformation/Implementation

Our scope of work includes implementation of the system and a significant process transformation for ODJFS:

- 1. Process Transformation.** *We reduced the turnaround time and reliability of assessments by consolidating the 100 independent contractors, some of whom conducted only one or two assessments a year, to a smaller cohort with high volume. This process reduced the turnaround time from over 9 days to an average of four days and improved reliability.*
- 2. System Transformation.** *The vendor responsible for development of the information system for PASRR was not able to complete the configuration to meet Ohio specifications. Our IT team assumed responsibility for this function and in less than 60 days deployed a fully-functional, compliant, and secure system.*

C. Provider Technical Assistance and Training

Our field-based Assessors are responsible to provide training and technical assistance concerning state and Federal regulations to the State's 1,000 nursing home providers. During implementation, we met with the highest volume providers to provide on-site orientation for the change to our more automated process.

D. Independent Assessments – 10,000 Per Year/100% Face-to-Face

We conduct evaluations of nursing facility applicants and make a determination of appropriateness of setting and need for services. We also provide ongoing Resident Review, which is an assessment of the nursing home resident if there are significant changes in the resident's physical or mental health status.

E. Information Technology and Reporting

We built and maintain a proprietary information system for all components of the program. The system includes a Provider Portal for referrals and submission of record documentation for assessments. Providers and the agencies can track assessments, view reports, and download notifications.

F. Relevant Populations

The program serves all-payer applicants for nursing facility services, including adults and children. This program conducts assessments of individuals with possible mental illness as well as individuals who may have a dual diagnosis of MI and IDD.

SUBCONTRACTOR EXPERIENCE

Table E.1-9: FEi Systems, Inc. Experience

FEi Systems, Inc. – Systems Subcontractor

Clients and Scope

Over the past 15 years, FEi has developed and implemented statewide information technology (IT) systems in a wide array of social service areas, including long-term services and support, substance abuse, mental health, child and family services, courts, and gambling.

Critical Functionality Capabilities

A. Complexity

These instruments are delivered as part of two different FEi products:

- 1. The electronic Long Term Services and Supports (eLTSS) Care Management system, which has been deployed in three statewide implementations for Maryland, Mississippi, and Virginia.*
- 2. A Behavioral Health Electronic Health Record called Web Infrastructure for Treatment Services (WITS), which has been deployed in over 30 state and countywide implementations.*

The scope of work for implementing and supporting assessment tools for Arkansas is nearly identical to the effort required for our previous projects. Throughout these projects, we have developed and implemented assessment instruments, complex billing processes, case management systems, and over 150 various care management modules currently used by over 40,000 clinicians around the United States (US) in over 35 different implementations. These systems securely house over 3,000,000 client records across 28,000 provider agencies and have processed over \$1 billion in claims, most of which are Medicaid claims.

B. Transformation/Implementation

Our scope of work includes implementation of the system and a significant process transformation for ODJFS:

- 1. **Process Transformation.** We reduced the turnaround time and reliability of assessments by consolidating the 100 independent contractors, some of whom conducted only one or two assessments a year, to a smaller cohort with high volume. This process reduced the turnaround time from over 9 days to an average of four days and improved reliability.*
- 2. **System Transformation.** The vendor responsible for development of the information system for PASRR was not able to complete the configuration to meet Ohio specifications. Our IT team assumed responsibility for this function and in less than 60 days deployed a fully-functional, compliant, and secure system.*

C. Provider Technical Assistance and Training

FEi has substantial experience helping states develop assessments for a variety of populations and supports and trains State staff and providers on the resulting software systems. FEi has developed and implemented the following screening instruments for behavioral health populations:

- Alaska Client Status Review
- Alaska Client Status Review FY 2011
- Alaska Screening Tool
- Alaska Screening Tool FY 2011
- Alcohol Use Disorders Identification Test
- Alcohol, Smoking, and Substance Involvement Screening Test
- CAGE Adapted to Include Drugs
- Drug Abuse Screening Test – 10 item format
- Global Appraisal of Individual Needs Short Screener
- Kessler Psychological Distress Scale – six item format

FEI Systems, Inc. – Systems Subcontractor

- Mental Health Screening Form III
- Modified Mini
- Patient Health Questionnaire for depression
- Simple Screening Instrument for Alcohol and Other Drugs
- Tennessee Crisis and Placement
- Social Detox Screener
- Substance Use Disorders Eligibility Screener

D. Independent Assessments

Our strength is in implementing state-wide human services information technology (IT) systems and we have developed approximately 50 screeners and assessment tools throughout our 35 state and county implementations. FEI has developed and deployed the following assessment tools in support of state's Aging, Physically Disabled, and Developmental Disabilities populations:

- interRAI Home Care (interRAI HC)
- interRAI Community Health Assessment (interRAI CHA)
- Inventory for Client and Agency Planning (ICAP)
- Interfaces with Supports Intensity Scale (SIS)
- Screening Tools (customer for each state)
- Nurse Monitoring Assessment
- Virginia Individual Developmental Disabilities Eligibility (state-specific assessments)
- Critical Needs Summary Review

FEI has developed and implemented the following assessment for behavioral health populations:

- | | |
|---|---|
| ▪ (Child-Adolescent) Level of Care (LOC) Utilization System | ▪ Global Appraisal of Individual Needs |
| ▪ Addiction Severity Index (ASI) – Lite Version | ▪ Government Performance and Results Act |
| ▪ Adolescent Drug Abuse Diagnosis | ▪ Idaho Mental Health Assessment |
| ▪ Adults Needs and Strengths Assessment | ▪ Juvenile Risk Assessment |
| ▪ American Society of Addiction Medicine | ▪ Level of Service Inventory – Revised |
| ▪ ASI - Client Input Version | ▪ Recovery Support Services Assessment |
| ▪ Behavioral Health Assessment | ▪ South Oaks Gambling Screen |
| ▪ Child and Adolescent Functional Scale | ▪ South Oaks Gambling Screen for Adolescents |
| ▪ Crisis Placement | ▪ Substance Abuse Subtle Screening Inventory Adolescent |
| ▪ Department of Juvenile Services Needs Assessment | ▪ Substance Abuse Subtle Screening Inventory Adult Female |
| ▪ Drug Evaluation Network System ASI | ▪ Teen ASI |
| ▪ Fetal Alcohol Spectrum Disorder | ▪ Substance Abuse Subtle Screening Inventory Adult Male |
| ▪ Forensic Assessment | ▪ Treatment Assignment Protocol |

E. Information Technology and Reporting

- Our Business Analysis staff is very experienced in eliciting requirements from the client stakeholders, both at the business and system level. In some cases, when the requirements are not entirely clear in the stakeholders' minds, our analysts can help with requirements crystallization and can use aids such as screen mockups and workflows to arrive at stable requirements definitions. The requirements gathering phase ends with detailed requirements documentation that the state will review and approve.
- The development and testing phases go through a design stage followed by software development and testing. The three stages are not necessarily purely sequential; for example, the software development for a module may start while the design for other modules is in progress. Similarly,

FEI Systems, Inc. – Systems Subcontractor

design may start while some requirements are still in progress. Design artifacts will be developed and shared with the State of Arkansas' identified stakeholders, and may include User Interface artifacts, workflow diagrams, and overall system design and interface documents.

- Software development is done in agile short sprints, typically two weeks. User stories are assigned to a sprint in a sprint-planning meeting, and a sprint demo is scheduled at the end of each sprint to show the FEi Team and the identified client stakeholders the progress. This type of frequent demonstration minimizes the project risk by identifying issues early on and fixing them.
- Testing goes through multiple levels, from unit testing performed by the developers, to integration, and load testing. Testing results can be made available to the client upon request. The testing stage culminates with User Acceptance Testing (UAT) where the system is tested by users identified by the State Project Manager. FEi will gather the UAT feedback, discuss with the state, and work on items to resolve based on the identified priority.

FEi worked closely with assessment agencies that were tasked with administering assessment instruments. We worked to provide system-level training and support where we answered assessor questions and helped them through the change-management process.

F. Relevant Populations

FEi Systems specializes in systems for agencies serving individuals who are aging and/or physically disabled adults and children with behavioral health issues, and adults and children who have IDD. All the projects listed in this discussion serve relevant populations.

Table E.1-10: HCBS Strategies, Inc. Experience

HCBS Strategies, Inc. – Assessments Subcontractor
<p>Clients and Scope</p> <p>HCBS Strategies has over 12 years of organizational experience working with state clients, including Departments and their different divisions. The subcontract will provide the Company team with highly qualified subject matter expertise. Strategies has unparalleled experience in developing assessment processes for LTSS. HCBS has delivered similar services to the Arkansas Assessment contract, on the following contracts:</p> <ul style="list-style-type: none"> ▪ Alaska Client Status Review ▪ Alaska Department of Health and Social Services ▪ Alaska Community First Choice ▪ Administration on Aging ▪ Arizona Governor's Council on Developmental Disabilities ▪ Colorado Department of Health Care Policy and Finance- LTSS Assessment ▪ Connecticut Community Care Strategic Planning - ▪ Hawaii Executive Office on Aging – Systems Change Developer ▪ Hennepin County DD Review ▪ Illinois Department on Aging – CMS Compliant 1915(c) Waiver Quality Management Strategy ▪ Illinois Department of Health and Family Services - ▪ Illinois Governor’s Office on Health Innovation and Transformation (GOHIT) 1115 Demonstration Waiver Support ▪ Indiana Area Agency on Aging Technical Assistance ▪ Maryland Department of Aging- Enhanced Options Counseling/ADRC Grant ▪ Maryland Department of Aging- Options Counseling Grant Support ▪ Maryland Department of Health and Mental Hygiene ▪ Minnesota MR/RC Budget Allocation ▪ Minnesota Comprehensive Assessment Development ▪ MN Monitoring Technology Review Development- ▪ PA Center for Independent Living Audit ▪ Texas Department of Aging and Disability Services-Information Technology Development ▪ Texas Department of Aging and Disability Services- Business Operations Development
<p>Critical Functionality Capabilities</p> <p>A. Provider Technical Assistance and Training</p> <p>HCBS works with state agencies to rebalance their LTSS expenditures, conduct operational review of agency functions to streamline processes in anticipation of adopting uniform assessment tools, and transform their programs using data from reliable, independent assessments. These efforts involve highly complex tasks and coordination with agency staff and providers to ensure selection of appropriate tools, guidelines, tier determinations, and allocation methodologies.</p> <p>B. Information Technology and Reporting</p> <ul style="list-style-type: none"> ▪ Developing the content and processes for MnCHOICES, Minnesota’s unified assessment process that includes all populations with disabilities. For this effort, HCBS Strategies integrated items from current tools and national best practices to create a person-centered process that supported multiple operations decisions, including multiple levels of care (LOC) criteria, resource allocation approaches, and support planning. This tool has been cited by CMS as a promising practice in the Balancing Incentive Program (BIP) guidance and given an Innovation Award by the Minnesota State Government. ▪ Adapting interRAI tool suites for Hawaii and Alaska. HCBS Strategies facilitated a review of available tools that could be modified to meet state-specific needs with Hawaii and Alaska. Both of these states

HCBS Strategies, Inc. – Assessments Subcontractor

selected interRAI. HCBS Strategies adapted the interRAI-HC for use by Hawaii’s Executive Office on Aging. This effort included developing an intake and triage screen and different versions of the assessment that targeted individuals with differing levels of complexity. HCBS Strategies is currently working with the Alaska Department of Health and Social Services to integrate a variety of instruments within the interRAI suite to form a unified tool similar to MnCHOICES.

- Adapting items being developed under the CMS-funded Testing Experience and Functional Tools (TEFT) effort for use in Colorado and Oregon. HCBS Strategies reviewed available LTSS assessment tools with Colorado and Oregon and they chose to develop tools that built off of items being developed as part of TEFT. We are not recommending the TEFT items for Arkansas because they would not meet the requirements included in the RFP. For both Colorado and Oregon, HCBS Strategies developed assessment processes that included modular tools tailored to meet core business processes, such as LOC determinations and support planning.

C. Relevant Populations

HCBS Strategies specializes in working with agencies serving individuals who are aging and/or physically disabled, adults and children with behavioral health issues, and adults and children who have IDD. All the projects listed in this discussion serve relevant populations.

A.2. Describe your company’s experience managing subcontractors, if your company proposes to use subcontractors.

Managing Subcontractors

As a prime contractor, Company has experience managing multiple subcontractors on similar assessment contracts in other states including Florida, West Virginia, California and Ohio. For example, Company managed subcontracted staff to perform the assessments delivered in the Florida, California, and Ohio PASRR projects. Also, for the Ohio PASRR, we subcontracted to ALPS Services, a MBE/SDVOSB to perform services relevant to the Arkansas contract. For Oregon, we subcontracted to CareSource to perform the NurseLine services.

Company has been managing subcontractors on similar contracts, delivering behavioral health services (including medical eligibility review, assessments, utilization review, quality improvement, provider compliance audits) since 1999 in Georgia. We execute many projects on which we team with subcontractors for delivery on full-scope of services. We also manage very large teams of subcontractors on single contract. For example, the Company TRICARE contract requires coordination of 20 subcontractors across the world.

A.3 Describe your company’s experience with the delivery of assessments and interacting and communicating with the target audience, which includes individuals diagnosed with intellectual disabilities, behavioral/mental health diagnoses, physical disabilities, and aging populations and their caregivers or guardians, or other similar experience.

Company is a 30-year-old organization with Medicaid and Medicare contracts in 4 out of 5 states that provide a variety of healthcare management services to public programs that serve 71 million Americans. Company is the partner of choice for states based on our:

- ✓ Direct experience in multiple states. We worked with Florida, Tennessee, and West Virginia specifically on the transformation from a provider-based process to independent assessments. We have a proven ability to solve the barriers states will encounter with providers and individuals to ensure a problem-free transition.

- ✓ Capacity for 20,000 face-to-face assessments. We conduct over 200,000 assessments a year for Medicaid recipients, including Medicaid waivers for TBI, elderly and physically disabled, developmental disabilities, and behavioral health conditions. We have a proven ability to schedule, manage, and complete reliable assessments for all populations, engaging with individuals, caregivers and guardians, and providers.
- ✓ Ability to mobilize quickly. Company completed 18 large-scale and successful implementations in the past five years. We have a proven ability to recruit, train, and deploy clinicians to assume responsibility for face-to-face assessments.

We currently conduct face-to-face evaluations for Preadmission Screening and Resident Review, Level II in California, Ohio, and Florida to confirm a diagnosis of mental illness and document services needs as part of a treatment plan. We also conduct independent assessments of members enrolled in State of Illinois waivers. Our care management projects in Oregon and other states also require face-to-face assessments to develop integrated care plans. In all of these projects, we engage the target audience with respectful communications to schedule assessments with individuals, family members, care givers, and legal representatives, using culturally and linguistically appropriate methods for communication.

Highly relevant projects include the following programs.

State of Florida

We conducted a pilot program for Florida to transition administration of assessments for home health care and home and community-based services from the provider community to an independent assessment. We completed over 5,000 face-to-face assessments in five months to assist the State with improving the accuracy of documentation and medical necessity of services. Our provider outreach and training enabled the State to identify and resolve provider concerns with the transition. The project also included developing legislative language for on-going administration of a Florida-specific instrument similar to the InterRAI©. Other services included providing training and certification for home health providers, fraud and abuse detection, and recoupment of reimbursement based on accurate assessments of the member population.

State of Tennessee

In Tennessee, we helped the Medicaid Agency (TennCare) transition 240 individuals to a new aged, blind, and disabled (ABD) waiver program in the context of corrective action plan from CMS to initiate independent assessments and an active consent agreement that required third party oversight of the process. We conducted a face-to-face assessment, validated current service plans, developed new integrated plans of care for physician review and approval, and successfully transitioned every individual within the six-month emergency contract period. An important component of this project was to ensure that individuals had a choice of providers for their case management and other service needs. Our Registered Nurse assessors met with each individual, conducted the assessment, explained the services available, answered questions for members and caregivers, and documented their choices for services and providers. We also provided reports TennCare could use to respond to questions from the Court Master and CMS.

State of West Virginia

West Virginia is a leader in helping individuals live safely in the community and avoid institutionalization, and we work for every Bureau in the Department of Health and Human Resources (DHHR). We conduct level of care reviews and independent assessments for the ABD waiver, which includes approximately 6,000 individuals on an annual basis. We also conduct individual assessments for 4,500 members in the Intellectual/Developmental Disabilities (IDD) Waiver as part of our comprehensive management of DHHR's three waivers, including the small waiver for individuals with Traumatic Brain Injury. During the

2006 implementation of the IDD waiver, we conducted multiple training sessions for providers, individuals, and family members in each of West Virginia's 55 counties. Providers and individuals continue to report over 95% satisfaction with our waiver services for the IDD waiver every year.

A.4. Disclose any Ongoing litigation and/or any resolved litigation (including by settlement) as it is applicable to your company, for the past five (5) years.

Company has no litigation within the past 5 years.

B.1. Describe your company's or your company and your subcontractor's experience working on similar transformation projects for other state Medicaid programs or similar human services programs and how this experience meets the requirements of this RFP.

The following project descriptions provide detailed supporting discussion of the relevance of our transformation support experience across the team.

Company

With a 30-year record of achievement implementing new programs for our state and federal clients, Company is a recognized industry expert in helping our clients transform their programs to deliver high quality, person-centered services that are efficient and medically necessary. As state and federal programs evolve to meet the needs of individuals who use public services, implement new standards for necessity of care and appropriateness of service, and enhance the objectivity of services, transformation is needed to educate consumers, providers, and stakeholders regarding the purpose and benefits of these new approaches. We highlight two specific examples of relevant experience.

State of Florida

Our partnership with Florida is an excellent example of our ability to support clients through program transformations and evolution. It began in 2007 with a project to assist in the Agency for Health Care Administration (AHCA), Department of Children and Families, Mental Health Authority and the Agency for Persons with Disabilities (APD) to implement federal approval for a four-tiered waiver program for individuals with intellectual and/or developmental disabilities. APD completed full implementation of the tiered system in 2010-2011. Using APD guidelines, we reviewed over 20,000 assessments and service plans to ensure completeness and accuracy, and identified the appropriate tier for each individual once the tier model was in place.

In 2008 we began planning with AHCA to improve program integrity in the Home Health benefit, and developed legislative recommendations for documentation requirements for medical necessity. In 2010 we conducted a pilot program including face-to-face assessments of Home Health recipients and comparison of the results of these assessments to their service array. We met with providers, recipients, and primary care physicians in the pilot region of Palm Beach/Miami to provide education and technical assistance on the medical necessity definitions and documentation requirements. As a result, we were able to **identify over \$900 thousand in unnecessary services** in the pilot alone, and AHCA transitioned the pilot into a permanent program in 2011.

Beneficiary and Family-Centered QIO

In 2014 we began the largest scale transformation project in Medicare history, the transition from 53 individual states/territories to five regional Beneficiary and Family Centered Quality Improvement Organizations (BFCC-QIO). A federal policy change required division of QIO responsibility to ensure objective review of beneficiary appeals and complaints and other quality-related activities. As the BFCC-QIO for 3 of 5 regions, 34 states, and 42 million Medicare beneficiaries and dual eligibles, the QIO team met with stakeholders in each region including providers, advocates, and beneficiaries. We conducted

conference calls, held training sessions in person and through webinars, provided easy to read materials for stakeholders, and developed a website with detailed information on the program.

Table E.1-11: Summary of Key Transformation Experience

State Start date	Contract Similar to RFP 3.1 – 3.9 Requirements	Experience/Accomplishments Relevant to Arkansas Assessment Contract
West Virginia 2006	Yes	Transitioned responsibility for assessment of IDD waiver enrollees to independent vendor; implementing a statistical budgeting model to allocate resources; new system development for assessments and care plans; prior authorization of care plans; provider quality assurance audits; and collection of data for Quality Assurances reporting to CMS.
Oklahoma 2006	Yes	Statewide utilization management for the Oklahoma Department of Mental Health and Substance Abuse Services that required transition from a long-term incumbent vendor and mandatory use of a new online Provider Portal, with over 1,000 providers in rural and frontier counties in the state.
Maine 2007	Yes	Implemented first utilization management program in State for behavioral health, including transition responsibility for authorizing services from providers and State staff. Included coordination with five different agencies service aging, adults, and children, Medicaid agency, and IT/Systems agency.
Florida 2007	Yes	Helped the Agency for Health Care Administration (AHCA) and the Agency for Persons with Disabilities (APD) to develop and deploy federally approved four-tiered waiver program for individuals with intellectual and/or developmental disabilities.
Federal/BFCC-QIO 2014	Yes	Largest scale transformation project in Medicare history, the transition from individual states QIOs to Company BFCC-QIO 34 states and 42 million Medicare beneficiaries, including providing technical assistance and training to providers in each state, coordinating with provider associations, federal Regional Offices, and beneficiary advocates and stakeholders to implement centralized quality review.

FEi Systems

FEi Systems is a leader in helping states implement the Balancing Incentive Payment program (BIP), a CMS initiative to increase access to Home and Community Based Services (HCBS) and balance populations receiving nursing home care with care delivered in the community. One of the three key structural changes required by the grant is to implement a "Level 1" screening tool, and a "Level 2" Core Standardized Assessment (CSA). Arkansas applied for this grant in November 2012.

FEi's eLTSS solution is built and deployed for Medicaid populations in the States of Maryland, Mississippi, and Virginia, two of which are BIP states. An integral part of the solution is the standardized assessment component, containing screening and assessment instruments, algorithms and related workflows. One of the many assessment tools is the interRAI HC assessment. In both cases, there were specific customizations made to the instrument to accommodate state-specific requirements in support of

Medicaid transformation efforts. We hold current, active royalty agreements with interRAI for both of these implementations.

Currently implemented screening instruments within the solution contain a select subset of full assessment questions designed for easier completion and brevity. Combined screening and assessment functions in the system are an integral part of the business process for program referral, functional eligibility determination, and the care planning process. Algorithmic calculations based on screening and assessment responses enable automated workflows and decision triggers including service plans, Level of Care determination, functional eligibility, resource allocation, and risk mitigation.

Transforming Systems

In each state, our team engaged with the state stakeholders to understand the customizations and the business rules, agree on the user interface (UI), and implement and test the customizations. Our User Experience (UX) designers worked hard to make the system easy to use and built efficiency features such as "Check Errors" to provide visual cues to assessors in support of maintaining data quality.

One of the key features of our system for assessments is the "offline capability" to complete the assessments, using mobile devices, in the beneficiaries' homes without internet connectivity. The assessment can be uploaded once the assessor is online. **This feature has been successfully used by states, in production, for over 3 years.**

For all implementations, FEi has worked closely with the interRAI organization to negotiate the licensing agreement contracts between the two organizations, and has also worked closely with interRAI to obtain datasets for testing purposes, and provide them with the data collected that interRAI uses for research purposes. This organizational relationship, combined with our team's deep experience implementing nearly identical projects, will reduce the risks for the State of Arkansas.

HCBS Strategies Experience

HCBS Strategies has worked with the following state agencies in transforming access and assessment processes:

- Alaska Department of Health and Social Services
- **Colorado Department of Health Care Policy and Financing**
- Hawaii Executive Office on Aging
- Illinois Department on Aging
- Illinois Department of Healthcare and Family Services
- Illinois Governor's Office of Health Innovation and Transformation
- Maryland Department of Aging
- Maryland Department of Health and Mental Hygiene
- Minnesota Department of Human Services
- Nebraska Department of Health and Human Services
- Oregon Department of Human Service
- Texas Department of Aging and Disability Services

We provide more information on a sample of these projects below.

Oregon IDD Assessment Tool Development: This past year, HCBS Strategies has been working with the Oregon Office of Development Disability Services (ODDS) to redesign and consolidate their tools for assessing individuals with intellectual and developmental disabilities (IDD). The goal of this effort is to have a single process that incorporates reliable and valid items. The process includes work flows that help meet all of the State's requirements including complying with CMS' HCBS rules, supporting a person-centered process, and supporting efficient and fair assignment of resources.

ODDS currently uses multiple assessment tools to obtain all information needed for eligibility determinations and support planning. Under this effort, these tools, which include a core assessment tool (ADLs, IADLs, demographics, behaviors, etc.), risk identification tool, and exceptions measures, have been consolidated into a single process. The new process incorporates items and work flows from other federal (CMS' FASI) and state (Minnesota's MnCHOICES and Colorado's Comprehensive Assessment) initiatives.

The project includes the following components:

1. Comprehensive review of all current IDD assessment tools in Oregon
2. Evaluation of reliability and validity of current assessment items
3. Development of the redesigned process, incorporating all measures needed for eligibility determinations, support planning, and exceptions processes for individuals with enhanced and exceptional needs
4. Detailed review and updates to the redesigned tool with the State assessment team
5. Pilot the redesigned process
6. Analyze the pilot results and make recommendations for updates to the process and algorithms
7. Statewide implementation of the process

ODDS is currently in the midst of the pilot and HCBS Strategies has been providing technical support via weekly web-enabled conference calls.

Colorado Universal Assessment and Support Planning Process Development: The Colorado Department of Health Care Policy and Financing (HCPF) has contracted with HCBS Strategies to develop a new process for assessing the need for long term supports and services (LTSS).

The project has the following stages:

1. Understanding how Colorado's current LTSS assessment processes work, including a review of the tools used across the State and local departments and meetings with these entities.
2. Develop a document that identifies how the new assessment process can support Colorado's home and community-based services (HCBS) systems change efforts (formerly the white paper).
3. Selecting the tool or tools that will serve as the basis of the new assessment process.
4. Customizing the tool or tools to meet Colorado's unique needs.
5. Piloting the tool to understand the impact on eligibility determinations.
6. Developing a plan for implementing the new tool and related processes.

The operational review mentioned in Step 1 has been complete, and during this process it was found that there are far more initiatives working towards systems change across the State than originally anticipated. As a result, the timing of the white paper (Step 2) was moved forward and refocused to discuss how the new assessment process might support proposed systems change efforts. As a result, the Department has decided on the tools that they will be using as models to develop their own tool (Step 3), and the draft assessment tool has been developed (Step 4). This modular assessment tool has been customized to meet the specific needs of Colorado and requirements from the HCBS Final Rule, and includes elements from the federal FASI (formerly CARE) tool and Minnesota's MnCHOICES, which HCBS Strategies helped develop. The tool has gone through rigorous review with the State and stakeholders over the course of dozens of meetings. The pilot (Step 5) will occur when a final iteration of the FASI tool is available (anticipated date of mid 2017).

Texas Assessment and Access Process Development: The Texas Department of Aging and Disability Services (DADS) contracted with HCBS Strategies and the Center for Information Management (CIM) to assist in the development of information technology (IT) that would support the implementation of a No Wrong Door (NWD) system for all community-based long term services and supports (LTSS) as part of the State's Balancing Incentives Program (BIP) effort.

Under this effort, HCBS Strategies conducted a thorough review of the State's current business operations for facilitating access to LTSS. We analyzed the ability of Texas BIP work plan to meet the core BIP related requirements and made recommendations for refinements and additions. We also developed a roadmap document to help the State establish the architecture for the IT solution to automate many of these core requirements.

Throughout this process, we conducted research on models used by other states, focusing on LTSS standardized screen and assessment, inter-communicative IT systems, and other processes around "information follows the person."

After assisting in the development of the IT structure, DADS contracted with HCBS Strategies to formalize business operations that would be automated within the new system. This included development of a standardized intake tool, guidance on options counseling and FFP, and the development of a managed long term services and supports white paper.

B.2. Describe your company's experience developing and conducting educational trainings to support provider and stakeholder communities and State staff through program transformations. Specifically, describe your experience in the following areas:

- a. In-person regional trainings
- b. On-site coaching
- c. Website development and operations
- d. Helpline Support
- e. Live webinars
- f. Train the trainer

Company works collaboratively with our clients to develop and conduct full-service training support that includes all relevant training areas to support providers, stakeholders and State staff. Our training approach includes a combination of regional in-person training, webinar, and 24/7 on-demand training. Working with our clients, we submit proposed topics and schedules for review, comment, and approval. Company works with clients to consider both immediate and ongoing training needs that may occur throughout transformation.

After reviewing a finalized contract, Company completes a training Needs Analysis (based on existing materials, gaps), and identifies subject matter experts, and establishes a proposed curriculum of courses.

In-person regional trainings: We perform in-person regional trainings for State staff, providers, and stakeholder communities on every national and state program. We identify the training needs for providers on a regional basis, by provider type, and using a formal needs assessment. Our clients also recommend training topics, and providers frequently request training. For example, our experience includes conducting over 100 regional training sessions in the projects we cite in response to Section A.1.

In our Pennsylvania Health Care Quality Unit, serving the eight counties surrounding Pittsburgh, we deliver over 9,000 hours of training every year for providers and individuals – helping to ensure that individuals with IDD receive safe and effective medical care.

On-site coaching: On-site coaching sessions are made available to stakeholders upon request and at a minimum include a detailed review of the new assessment processes, training manual and a time for

questions and answers. The audience requests training through our website, via email, or phone. Our significant success engaging clinicians in quality improvement and transformation initiatives, most recently on QIO contracts, our experience with on-site coaching. We draw on our successful efforts on previous contracts including:

- A 27-state collaborative initiative with a physician practice EHR software vendor. We provided training and technical support to practices on proper submission of PQRS data through EHRs leading to all states successfully submitting physician data for reporting incentive payments.
- A successful PQRS project in which we worked with hospitals to assess readiness for transition to EHRs in their facilities with assessment forms, provided educational programs to help them learn more, assisted them in setting goals to keep the project moving forward resulting in 115 clinicians submitting their data through their EHR.
- A 10 state Hospital Acquired Infections (HAI) collaborative for hospital educational programming that followed our proposed processes for assessment of needs, readiness and motivations to change, educational programs, mentoring program with matched facilities, developing action plans with facilities for quality improvements, monitoring status and data for them, assistance in submitting HAI data to the CDC NHSN reporting system. This approach resulted in hospital improvements leading to 100 percent of involved states meeting HAI targets of 20 percent relative improvement.

Website development and operations: Our Information Technology Department is responsible to maintain the websites we support for our current projects, including the 12 websites dedicated to these projects:

- West Virginia ASO
- California PASRR
- Tricare Quality Monitoring
- Maine Behavioral Health
- South Carolina Utilization Review
- Pennsylvania Health Care Quality Unity
- Florida PASRR
- Ohio PASRR
- Beneficiary & Family-centered QIO
- Virginia Medicaid Utilization Review
- Tennessee Independent Appeal
- Illinois HCBS Waiver Management

Our stable and reliable technology platform assures 100% availability on a 24/7 basis for access to the Provider Portal, Online Dashboard Reporting, and program materials and links.

Website and live webinars: Our experience includes over 100 webinars on an annual basis for our provider audience, including:

- Documentation standards for assessments and reviews
- State and federal regulatory requirements and changes
- Application of criteria
- Use of the information system
- Determining changes in resident status requiring PASRR

Helpline support: Our Beneficiary and Family-centered QIO Call Center in Ohio supports from 42 million Medicare Beneficiaries in 34 states, the largest Call Center in the QIO program, with over 20,000 calls every month. Across all of our call centers in local service centers, we meet all program requirements:

- Average Speed to Answer – 95% in less than 30 seconds
- Call Abandonment Rate – less than 5%

Train the trainer: We developed our train the trainer programs over 10 years ago primarily for internal staff, to establish internal capacity in our local service centers. This experience encompasses train the trainer programs for 900 clinical staff that provide support for our 18 Medicaid clients in 13 states as well

E.2 ASSESSMENT INSTRUMENTS AND ASSESSMENT OPERATIONS

Our recommended suite of tools provides reliable information for cost-effective service planning and access to necessary services for adults and children in every population. We also propose an exceptional response time for emergency assessments, within three days of referral.

A.1. List your proposed instruments for DAAS, DBHS, and DDS, and list your proposed DDS screening tool.

We propose to use interRAI instruments for DAAS, DBHS, and DDS populations. The interRAI tools are a suite of validated and published assessment tools that are used in over 20 states and internationally. We are proposing to use the following tools within the interRAI suite:

- DAAS – interRAI Home Care (interRAI-HC), formerly the MDS-HC
- DBHS for ages 4 to 20 – interRAI Child and Youth Mental health (interRAI-ChYMH)
- DBHS for ages 21 and older – interRAI Community Mental Health (interRAI-CMH)
- DDS – interRAI Intellectual Disability (interRAI-ID) and the interRAI Child and Youth Intellectual/Developmental Disability (interRAI-ChYIDD) for assessments.

interRAI Suite of Instruments

After detailed evaluation of the available instruments, we selected these tools based on the current use of the interRAI-HC for DAAS populations and use of the interRAI-ID for some DDS populations. Selection of the interRAI-HC promotes our ability to offer positions to current DAAS employees successfully, retaining experienced clinicians with knowledge of the instrument, Arkansas regions, and beneficiaries. We will extend the same offer to individuals currently administering the interRAI-ID. This feature is one of the most important determinants of the tool selection, since Assessors who know the beneficiaries and are known by the beneficiaries will help us transition into the project with reduced risk of disruption of service. Additionally, interRAI assessment tools for adults with Serious Mental Illness (SMI) and children with Severe Emotional Disturbances (SED) provides an efficient selection and encourages cross-training when possible through similarity of tools.

Ages & States Questionnaire – Third Edition

The Ages & Stages Questionnaire Third Addition (ASQ-3) offers similar advantages as the Developmental Screen we propose for DDS. The ASQ-3 is a tool designed for use by qualified staff such as early educators and healthcare professionals, relevant to the qualifications we specify for individuals conducting the Assessments for DDS populations. It has the advantage of flexibility in location for administration, is parent-friendly, captures both strengths and concerns in children, and highlights results in a “monitoring zone” to track children at risk. With parents as respondents, the tool also captures their in-depth knowledge with a relatively short administration time of 10-15 minutes. It is highly valid, reliable, and accurate; cost effective; and scored by our Assessors minutes.

A Comprehensive Suite of Tools from Internationally Acclaimed Researchers

- Published and validated tools used in same populations in US States and Internationally
- interRAI HC and interRAI ID in use in Arkansas
- Distinct Child and Adult versions
- Detailed manuals and Training Community to support Assessor training for reliable results
- Coordinated “core” questions aligned across individual life states and status
- Ability to supplement with Arkansas-specific items
- Solution includes support from researchers Dr. Brant Fries and Mary James, developers of the interRAI suite

A.2. Describe how each of your company's proposed Assessment Instruments/screening solution meet the following mandatory minimum requirements:

- All proposed instruments must be administered by trained and qualified assessors in accordance with the requirements of RFP section 3.3
- The proposed instruments must yield a result that assists the Vendor and the State in determining a Tier for each individual assessed.
- Vendors may propose the same instrument for more than one Division, so long as that instrument meets each Division's respective requirements listed in this RFP.
- The proposed Developmental Screen must yield a result that assists a physician in determining whether an individual has or is at risk of a developmental delay or disability.

The interRAI suite of tools, the Ages & Stages Questionnaire – Third Edition, and the Company solution exceed the DHS mandatory minimum requirements with validated and published instruments that other states, territories, and nations use to provide independent assessments of their beneficiaries:

- Do not require external, third-party certification for use. This feature allows us to build Assessor training and evaluation into our internal staffing and work plan on a schedule that best suits the project rather than forcing artificial time constraints and/or costly travel for this purpose.
- Include core questions in common among the interRAI suite for use across the beneficiary's experience and life-stage for consistent and person-centered assessment results.
- Resource support from interRAI developers and researchers for flexibility in designing supplemental questions and Tier Determination algorithms.

Administration

As we describe in this Section for each Division and in Section E.3, our plan for administration of the instruments to each Division population requires careful selection of staff for administration. Our proposed staffing is as follows for each Division:

- DAAS: Assessors will be Registered Nurses licensed in the State of Arkansas with at least one year of experience. We will offer current DAAS employees right of first refusal as required, which will assist with readiness as we propose the InterRAI instrument in use by DAAS at this time.
- DBHS: Assessors will be in the State of Arkansas with at least one year of mental health experience.
- DDS: Assessors will be Qualified Developmental Disability Professionals (QDDP) with at least two years of experience.

Assessors will receive training on the instruments through a "train the trainer" approach we describe in Section E.3. We will work with the publishers of the ASQ-3 to train Individuals who will then train staff on the administration of the instrument.

Tier Determinations

The instruments we propose yield specific results that clearly distinguish levels of functional status and level of service needs, and are therefore suitable for use in developing the Tier Determination schema and determining Tiers at the individual level. The advantages of the interRAI tools for use in this process is their built-in triggers and classification systems (for example RUGS III) that relate directly to level of resource allocation. interRAI bases these features on extensive prior data analytics and history of validation in similar populations to those in Arkansas. For example, the Method of Assigning Priority Levels (MAPLe), uses elements of the interRAI HC used to create tiers for an aged and disabled population from Low to Very High which indicate service needs from the level of home and community-based services to nursing facility admission. This system is currently used in Canada and over a dozen other countries. *

DAAS and DDS currently have Tier Determination definitions and use interRAI tools for assessments of the relative populations, suggesting suitability of the interRAI suite for this purpose. Our solution also includes resources from interRAI and HCBS Strategies to consult with DHS as needed to develop and/or refine tier definitions and algorithms.

*Available: <http://www.sigg.it/diapositive55/02/Hirdes.pdf> Accessed: December 1, 2016.

Use of Instruments for Each Division

The interRAI suite features a common set of “core items” for compatibility of results and therefore service planning across life stages and conditions. However, they are distinct instruments and interRAI.org customized each instrument for its intended audience.

Use of Developmental Screen to Identify Individuals at Risk

The ASQ-3 is effective in discriminate between children with developmental delays and those who appear to be developing normally and is designed for interpretation by a healthcare professional. The validation and research sample includes over 15,000 children that mirror the U.S. population in terms of race, ethnicity, and socio-economic groups. Most importantly, the sensitivity of the ASQ-3, or the ability of the instrument to correctly identify children with developmental delays, is 74% for the 42-month ASQ-3 to 100% for the 2-month and 54-month tools, with an overall agreement of 86%. By contrast, the American Academy of Pediatrics considers high quality developmental screening tests to have sensitivities of 70% - 80%. Additionally, physicians will be able to use results to identify children in the “monitoring range,” which specifically identifies children at risk.

A.3. Describe how your company’s proposed Developmental Screen meets the requirements set forth in RFP Section 3.1 (D)

The Ages & Stages Questionnaire Third Edition (ASQ-3) is a set of questionnaires to screen for risk of developmental delay or disability in children from one month to five years of age and is available in English and Spanish version. The most recent version includes refinements to improve clarity of wording, ensure cultural appropriateness, with new questions about language expression and behavior in the Overall section. It is the result of almost 40 years of research into child development and represents one of the most frequently used screening tools available.

RFP Section 3.1 (D) specifies:

1. The proposed Developmental Screen must yield a result that assists a physician in determining whether an individual has or is at risk of having a developmental delay or disability.

This questionnaire was specifically designed to support early intervention through administration by various individuals (including both professionals and parents), and review by a professional to interpret the scoring and identify risk of developmental delay or disability. Physicians determine the next step based on the ASQ-3 screening score:

- Generally, if a child scores **below the cutoff**, the professional makes a referral for further assessment or intervention, taking into account factors that may have influenced a child’s scores, such as setting/time of day of screening, health, and family or cultural factors.
- If a child scores **near but not below the cutoff** (in the monitoring zone), the professional should weigh the parents’ concerns. If the parents express a substantial concern, the professional may decide to refer for further assessment.
- If a child scores **well above the cutoff**, the professional can talk to parents about opportunities to practice skills, provide activities, and plan to screen again at the next visit.

2. After the conclusion of a screen, the Vendor shall complete additional forms on behalf of the Divisions for administrative purposes, if requested by DHS.

We will incorporate any additional forms for administrative purposes at the request of DHS. If possible, we will incorporate these forms into our online system or otherwise complete them in hardcopy format and submit to DHS when complete.

3. The Developmental Screen shall contribute the State's ongoing efforts to address efficiency, economy, quality, and access to care.

Accurate and timely detection of risk for developmental delay is one of the most important activities to improve efficiency, economy, quality, and access to care. Early intervention to address development delays or disabilities can help children develop capabilities commensurate with their ages, avoid worsening of skills and abilities, and improve the child's quality of life and participation with age-relevant school and home activities. Additionally, services tailored to the child's individual needs based on accurate and complete information prevents delivery of services that do not contribute to developmental gains – conserving scarce public educational and other resources.

A.4. Describe how each proposed instruments/screen was chosen and how each instrument/screen contributes to the quality, efficiency, economy, and access to care of Beneficiaries receiving services under this contract.

Selection of Assessments Instruments

We took the following factors into consideration in choosing which assessment tools to propose:

- The RFP requires tools with extensive records of being used in practice, especially by other states.
- To meet the extremely short implementation timeframe in the RFP, tools already automated in a single system are the optimal choice. There is not enough time for new automation or building interfaces across multiple systems to create a "single platform."
- Tools should meet the current and future needs of the Divisions. While the information included in the RFP supplies some useful information on the business operations of these Divisions, it does not provide the level of information we collected, for example, during more complete operations reviews in other states. We discuss the implications of this later in the proposal. However, based on the RFP, we suggest that the agencies will benefit from:
 - Tools that minimize change from existing processes especially tools that could alter key outcomes, notably the Level of Care (LOC) criteria used for the waivers. Therefore, the fact that both DAAS and DDS use interRAI tools was a major consideration.
 - Arkansas may wish to leverage experience in other states, such as Minnesota and Colorado, in developing a unified assessment process that can be used across multiple disability populations. This approach will be especially important if the State is considering trying to refinance some of its HCBS services by taking advantage of the enhanced match offered under the 1915(k), Community First Choice (CFC) Option.
 - Arkansas will likely want to use the tool to enhance other business practices, such as resources allocation (beyond the relatively simple tiers included in the RFP), quality management, support planning, and more sophisticated care management (including management of complex medical needs in the community). We are proposing tools that can support Arkansas in these future efforts.
 - LTSS assessment and support planning is rapidly changing. Providing Arkansas with assessment processes that are linked to a larger effort to refine these tools will allow the State to benefit from these future advances and minimize the need to make investments in tool upkeep on its own.

The interRAI suite of tools has a lengthy history of adoption at the state, national, and international levels. Grounded in the development of the Minimum Data Set, interRAI instrument was originally designed to collect data for resource planning and to determine service needs for individual in nursing facility settings. This tool evolved to collect information on individual needs in the community, and further led to the development of compatible instruments that measure the service needs of individuals across the spectrum of medical, behavioral health, developmental, and home and community-based services. The interRAI-HC, which is the most commonly used tool, covers 17 areas and includes functional, health and environmental factors. The assessment works in conjunction with interRAI-designed decision support tools such as:

- Scales for ADLs, cognition, communication, pain, depression, and medical instability.
- Clinical Assessment Protocols (CAPS) that contain strategies to address problem conditions as triggered by one or more HC item responses.
- Screening systems to identify appropriate outreach and care pathways for prospective consumers (such as the MI Choice provided in the Hawaii Intake example as the "Support Needs Screen" section of that tool).
- A quality monitoring system (providing outcome indicators for services over time).
- A case-mix system that creates distinct service-use intensity categories (RUG-III/HC).

Featuring a core set of assessment items that developers consider important in all care settings, the items have identical definitions, observation time frames, and scoring. Items relevant to specific population are then included to create assessments specific to those populations, such as interRAI ID. The tools inform planning for support needs, outcome measurement, quality indicators, and case-mix classification. These characteristics make them ideal for the purposes of this project: provide independent information programs can use to assure the quality, efficiency, economy of services and promote access to care.

Selection of the Developmental Screen

The RFP requires that the developmental screen be "approved or recommended by the American Academy of Pediatrics" (AAP). This requirement ruled out using the interRAI developmental screen because it is currently under development and would not meet this requirement.

Our selection of a developmental screen was guided by a 2006 AAP policy statement (PEDIATRICS, Volume 118, Number 1, July 2006, page 405). This article catalogues available developmental screens and describes what they label as an algorithm for how these screens should be used. We propose to work with the State to translate this algorithm into a work flow that will guide how we work with important players and processes notably pediatricians and the waiver application process.

We also evaluated a 2008 review conducted by Drotar, Stancin, Dworkin, Sices, and Wood ("Selecting Developmental Surveillance and Screening Tools," PEDIATRICS IN REVIEW, October 2008, Volume 29, Issue 10, Page e52). Because Arkansas requires a tool to identify a broad array of developmental delays, we have selected the Ages and Stages Questionnaires, Third Edition (ASQ-3). This tool has these advantages as a developmental screen:

- Proven to be valid and reliable at identifying children with developmental concerns.
- Easy to score and use
- Highlights strengths as well as deficits
- Tested on a diverse array of children
- Available in multiple languages
- The dominant tool that pediatricians currently use (either formally or as part of an informal checklist).

Figure [E.2-1](#) displays the AAP-Recommended approach for Developmental Screening.

standardized assessments provide accurate information that direct service providers can use to design an efficient service plan; in the aggregate, independent assessments provide population level knowledge about necessary services on a statewide and regional basis.

- Access to care: Reliable information about service needs is essential to ensuring individuals have access to the services they need. At the statewide or regional level, this information is useful for planning purposes, establishing levels of need for services that state agencies can use to for program and policy development.

A.5. Describe how your company will meet the Additional Assessment, Screening, and Tier Determination Requirements set forth in RFP Section 3.1 (H)

H. Additional Assessment, Screening, and Tier Determination Requirements.

- a. The Vendor shall provide the State with sufficient detail regarding assessments, screening, and Tier Determinations and any algorithms used in these processes in order for DHS to complete the promulgation of manuals or the creation of other publicly-available documents that explain DHS processes and policies.**
- b. The Vendor shall not claim as proprietary any information necessary for the adjudication of a member's rights or due process**

As an experienced state and federal vendor, we are experts at documenting analytic, technical, and clinical development processes to ensure States can review our approach, use the information to create manuals and communications materials, and receive detailed information concerning algorithms developed to establish Tiers or other stratifications of the population. For example, we currently maintain over 500 algorithms to determine tier cohorts for care coordination priorities in state programs. We document these algorithms so that our state clients thoroughly understand evidence basis for the algorithms, the process through we apply them, and the results we obtain. Our process for this project will be similar.

Information for DHS

We propose dedicated implementation teams to work with each Division on the analysis of assessments, results, and development of tiers for service delivery. We will maintain minutes of each Tier Determination meeting and document the analytic process, discussions, and decisions concerning tier identification and structure. This information will provide a detailed basis for each Division they can use to develop manuals and communications materials. Additionally, our Arkansas Independent Assessment team will be available as needed to assist DHS with these activities.

Working with the Divisions, we will establish the documentation standard specific to their system, and provide information to meet that standard, for example:

- Instrument version, and history of development and testing, such as published validation studies
- Rationale for selection and advantages of the instrument for the intended purpose.
- Reports on testing of LTSS automation using assessment results to establish the tier assignment for individuals. We propose to conduct this testing for every instrument/population and describe this process in our responses to Items B.10, C.11, and D.13 in this section.
- Other information Divisions determine necessary to document assessments, screening, and Tier Determinations, as well as algorithms we development to administer tier stratification.

Use of Information

The purpose of conducting assessments and assigning tiers is to help ensure that members receive the most appropriate services in the least restrictive setting of care. We understand and agree that we will not claim any information as proprietary that DHS needs to adjudicate the rights of a member or ensure due process for members.

DAAS

B.1. List your proposed instrument for completing DAAS assessments, including the organization or company who created and/or owns the assessment instrument.

We propose to use the interRAI Home Care (HC) instrument, published by InterRAI, an international consortium of researchers who collaborate on information to improve quality of care for individuals who are medically complex or who have intellectual/development disabilities and/or behavioral health issues.

B.2. Describe how your company's proposed DAAS Assessment Instrument(s) meets the following requirements:

- Proposed instruments must take into account subjective and objective data from the Beneficiary and his/her medical history data.
- Proposed instruments must distinguish between Beneficiary capacity to perform tasks and his/her willingness.
- Proposed instruments must assess the minimum individual, caregiver, and risk areas identified in the RFP.
- Proposed instruments must meet DAAS Minimum Track Record Requirement defined in RFP.
- Proposed instruments must be capable of handling DAAS Year 1 Volume Estimates for each population.

The interRAI Home Care (HC) assessment instrument is one of the most respected tools in the industry for this purpose and is in current use by DAAS. [Table E.2-1](#) presents the requirements for this tool and describes how the interRAI HC meets the requirements of the RFP. It is important to note that we will implement the interRAI-HC to meet all requirements of the RFP for collection of information regarding specific beneficiary health status and service needs.

The RFP indicates the potential for administration of 20,651 assessments in Year One for individuals enrolled in the ARChoices in Home Care (9,159); Living Choices Assisted Living (1,208); PACE (182); Personal Care (9,236); and Independent Choices (866) waivers. The volume capacity to complete these assessments on a timely basis depends on the staffing pattern, efficient logistical management, and system capacity. In all of these categories our solution will meet the needs of the Division for efficient, timely, and reliable assessments of waiver enrollees.

Table E.2-1: The interRAI Home Care Instrument Meets DAAS Requirements

Category	Description	
RFP Requirements	<ul style="list-style-type: none"> ✓ Used in at least 3 state or local governments or had 30,000 administrations in last 2 years ✓ Take into account subjective/objective data from the beneficiary or his/her medical history data ✓ Distinguish between capacity and willingness to perform task 	
Domains Covered	Individual Areas: <ul style="list-style-type: none"> ■ Medical history ■ Current medical conditions ■ Behavioral ■ Home and community living activities (ADLs/IADLs) ■ Social functioning ■ Health and safety 	Caregiver Areas: <ul style="list-style-type: none"> ■ Physical/behavioral health ■ Involvement ■ Family stress ■ Social resources ■ Safety
Areas in Use	Statewide	

6. All other waiver enrollees.

Our staffing and management plan is flexible enough to allow us to prioritize and quickly re-prioritize as needed to ensure waiver enrollees have access to care and are safe in their communities. Our local service center concept enhances our ability to provide this benefit to our state clients through in-depth knowledge of the area, familiarity with providers, enrollees, and geography, and close proximity to DAAS to ensure frequent communications and close coordination.

Distribution of Assessments in Year One

We propose to organize assessments across the state by region and priority to focus first on locations within the region with the greatest number of high priority assessments. We will work from these high-density locations to other areas, taking into account the priority status of the enrollee. Figure E.2-2 displays population density by Arkansas county for 2016

(Available: <http://worldpopulationreview.com/states/arkansas-population/>; Accessed November 29, 2016) with statistics for counties with greater than 2% of the population each as a proxy for volume of enrollees to be assessed. These counties account for almost 60% of the population. We also show Calhoun county, which at 8.32 persons per square mile, has the lowest population density in the state.

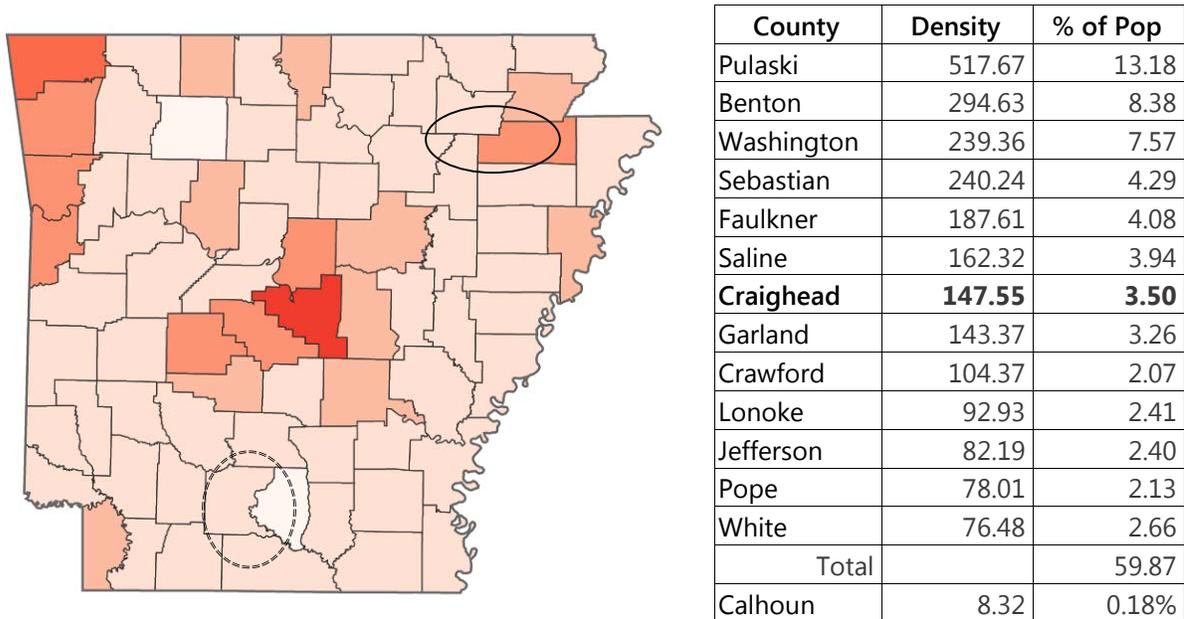


Figure E.2-2: Arkansas Population Density 2016 – With Selected Counties

Our plan organizes the assessment process to conduct assessments in the counties with the highest volume of enrollees and/or according to priority. For example, enrollees in Pulaski and surrounding counties would be a focus based on the volume of enrollees. We also coordinate scheduling of assessment for beneficiaries living in Craighead County with surrounding, lower density counties. If an individual in Calhoun county were among the highest priorities, however, we make arrangements to complete the assessment for that individual. The sophistication of our tracking and scheduling system enables us to organize and assign workflow according to multiple criteria (county, Tier, type of assessment, etc.) to ensure timeliness. Combined with staffing at the regional level, this approach enables us to conduct over 20,000 face-to-face evaluations for our PASRR contracts in California, Florida, and Ohio within 4 business days, well below the federal requirements of 7-9 business days.

Using location and priority to guide scheduling of assessments during Year One ensures availability to conduct emergency assessments as well as a structured approach that can be flexible to meet the needs of enrollees and DAAS priorities.

B.4. Describe your company's plan for ensuring all DAAS's Beneficiaries receive a reassessment on an annual basis.

As section 3.1 (E) (6) (a) and (c) states, we will receive data for beneficiaries to use in scheduling assessments that enrollment data that includes contact information and the plan of care for each beneficiary. We will use these data to populate our information system in addition to any other administrative data available. The information provides an approximation of the last assessment anniversary. We will contact beneficiaries according to the schedule we devise based on approved priorities and estimates of anniversary dates to schedule a reassessment, and work with DAAS and providers to identify the date if it is missing or members do not remember their anniversaries. Our information system will then assign a "reassessment by" date, and will create a workflow queue record for that beneficiary by the 10th month after the anniversary date. The tracking system helps Supervisors and Assessors manage the workflow to assure completion of the assessments on an annual basis. Our online Dashboard will report on the status of assessments, and support summaries by region, county, waiver, type of assessment (for example emergency) and Assessor. DAAS will have 24/7 access to the same online reports our management team uses for real-time information on completion and timeliness. This approach ensures transparency of performance and completion of assessments.

B.5. Describe your company's plan to complete all DAAS emergency assessments within seven (7) calendar days after referral.

DAAS emergency assessments are the first priority for completion, as we explain in response to Item B.3. When we receive a referral for an emergency assessment, we will document it in the system with an assessment type of "emergency." Timing for completion of the assessment begins on the day we receive the referral. We will then request the medical record documentation from the central Arkansas office so that it is available as soon as possible for Assessor review; and assign an Assessor in that region. We will also facilitate scheduling and communication from the central office to ensure that we have accurate information about the availability of individuals and their current locations. This information is in our tracking system so the Assessor has up-to-date and accurate information at all times. This aspect of the process will be completed within one day of the referral. Should the Assessor need to conduct the interview with the individual outside of working hours, we plan for travel and scheduling accordingly. We replicate this process across all our contracts with similar requirements; in Florida, we complete document review for nursing facility applicants on an emergency basis within four hours and evaluations within two business days.

B.6. Describe your company's plan to ensure DAAS Assessment Scheduling Protocol in RFP Section 3.1 (E)(6) are met.

As we describe in B.3 and B.4, our information system allows us to prioritize, schedule, and track assessments at various levels of detail such as due date, region, and type of assessment, for example. We update the beneficiary records to reflect any changes in status or other data field affecting the timing of assessments, and use our real-time Dashboards and exception reports to monitor the status of completion. We begin timing the assessment when we assign it to an Assessor, and at that point the system also reflects the "due by" date and interim timeframes for specific steps, such as scheduling the interview, for example. Supervisors intervene at the interim timeframes if no update to the beneficiary record occurs to indicate completion of the task on a timely basis. These interventions include providing scheduling and communications support as well as assignment of a new Assessor. We adjust the timeframe to reflect the changes in approach to ensure we maintain the overall timeliness of assessments.

B.7. Describe your company's plan to ensure DAAS Reassessment Scheduling and Notification Requirements in RFP Section 3.1 (E)(7) are met.

Our proposed approach to working with DAAS to establish priorities is in items B.3 and B.4, and this approach takes into account the annual reassessment timeline in 3.1 (E) (7) (a). During implementation, we will prepare the notification models for review and approval by DAAS, and automate these notifications in our system. We will automatically send notices to the beneficiaries when the system triggers their records for reassessment. Information beneficiaries find helpful in other contracts include:

- Explanation of the assessment process and how providers use the information to create a service plan that meets their needs.
- Assurances that their information will be confidential and secure, especially information about resources and medications, for example.
- Clear statement about the timeframes, who will contact the beneficiary and when, statement that they will receive a copy of the completed assessment, and how to contact Company with questions or concerns.

Since Company is the Beneficiary and Family-centered QIO for Arkansas, we will provide our toll-free QIO Call Center number so that if beneficiaries who are eligible for Medicare call our Arkansas office toll-free number, we can ensure accurate and useful information.

Once the assessment is complete and in our system, it will automatically trigger a notification to our Arkansas administrative staff to print and mail a copy to the beneficiary. To assure that these steps occur, we use management reports to track completion of workflow steps.

B.8. Describe your company's plan to ensure DAAS Assessment Notification Requirements in RFP Section 3.1 (E)(8) are met.

Section 3.1 (E) (8) outlines contact requirements that we will automate in our information system to ensure they occur. We provide an overview of these requirements in [Figure E.2-3](#). During implementation, we will review the language, format, and content of notices to beneficiaries with DAAS, and automate the approved notifications to streamline assessments and improve efficiency and economy of the process.

Initial Contact

Attempt at least three times on three separate days

- Assessor administrative staff attempts to contact beneficiary, documenting efforts.
- Assessor notifies DAAS representative in local county office of beneficiary residence.
- Assessor documents contact with office and subsequent efforts to contact beneficiary.

New or Corrected

Receive updated information after 3 unsuccessful attempts

- Document new contact information and date of receipt.
- If contact successful no earlier than four days after the initial referral, adjust timeframe.
- Assessor documents and completes assessment within 15 calendar days from referral.

Contact Cessation

Unable to contact even with updated contact information

- Assessor makes additional attempts as approved by DAAS during implementation.
- If no contact within 30 days of the referral, Assessor notifies local county office.
- Assessor documents status and discontinues attempts.

Figure E.2-3: Assessment Notification Overview

To facilitate this process for Assessors, we will populate the beneficiary's record with the appropriate county office location and contact information. This approach will make it more efficient for Assessors to document the efforts to contact the beneficiary and locate the correct office and contact information for the local DAAS county office.

B.9. Describe your company's proposed role in any administrative hearing process, legal proceeding or any form of formal dispute as a result of Beneficiary appeal for both eligibility assessments and a reduction or denial of services and how this proposal meets the requirements set forth in RFP.

We provide complete support to our clients for hearings, appeals, or any legal proceeding or dispute for eligibility assessments or assessments that result in a denial or reduction of services. We will provide this support at no additional cost to DHS and participate as requested from our local Arkansas office, which we propose to locate in close proximity to DHS. Staff in this office will assist with, for example:

- Hardcopies of assessments, records, and notifications.
- Review of the assessment process and response to questions or requests for information.
- Reports and analyses of assessment and/or other data such as claims data.

The information system will house all assessment results, process data, and substantiating documentation we compile during the process of conducting assessments. DHS will also have access to this information, and we will provide administrative support as needed and requested. The Arkansas-based Project Director will be the point of contact for these requests.

B.10. Describe your company's plan to, after working with DAAS to develop Tiers, assign individuals based on the outcome of their assessment to a Tier and report the outcome of the assessment and initial Tier Determination to DAAS.

We propose to provide skilled program, policy, analytic, and data support for the Tier development process during implementation. Consultant will work with us as a subject matter expert to coordinate Tier Determination meetings with the Divisions, assisted by our Health Intelligence Department staff members,

and project clinicians. Our experience with this type of activity began with a project in Georgia in 2005 to assign waiver members to service level tiers based on their functional assessments and specific chronic condition. We currently maintain over 20 proprietary assessments as well as national standards, and apply them to create intervention cohorts:

- **Low**
 - 0 – Primary Care/Wellness
- **Intermediate**
 - 1 – Care Coordination of home and community-based services
 - 2 – Care Management Recommendation
- **High**
 - 3 – Integrated Case Management (Medical/Behavioral Health)
 - 4 – Uncoordinated Care High Risk (Resident/inpatient risk)

These tiers are very similar to those described in the RFP, and we will use this experience to assist with development of Tier Determination algorithms with guidelines from DAAS. Once we define and test the algorithms, we will program them for automated determinations when the Assessors complete entry of the outcomes. We will then report the outcome of the assessment and the initial Tier Determination to DAAS using a format we establish during implementation. For example, we can create a work queue on the system specific to DAAS for review and finalization of Tier Determinations so the DAAS staff members can complete their review online and expedite approval of the Tier. This approach enhances access to care by creating an efficient method for DAAS to review and document approval or changes to the Tier.

Using the work queue will also allow us to prioritize assessments that result in a lower Tier than previous assessments indicated, notify DAAS automatically, and document results so that we can notify the beneficiary. The notices for this purpose will also have DAAS review and approval prior to completion of Operational Readiness Review and be available at go-live.

DBHS

C.1. List your proposed assessment instruments for DBHS assessments including the organization or company who created and/or owns the assessment instrument. For the adult population and Child populations, please list each instrument separately.

With the exception of the Developmental Screen, we propose to use components of the interRAI suite of tools to fulfill the requirements of this contract. We considered the Child and Adolescent Needs and Strengths (CANS) and Adult Needs and Strengths Assessment (ANSA) for DBHS, especially given Arkansas' history with the CANS.

We propose the interRAI Child and Youth Mental Health for the DBHS child population. We propose the interRAI Community Mental Health instrument for adults. These instruments are published by interRAI. We selected the interRAI suite because:

- The interRAI instruments are designed for integrated care systems and align between each other for coherent results as individuals transition through different life stages and programs.
- They have a basis of "core" items that support development of integrated service plans.
- Selection of the interRAI tools is an effective balance between quality of the instruments and economy of leveraging our proposed information system, which currently includes interRAI tools. This selection enhances our ability to meet the very short RFP timeframes.

- We were not aware of any crucial outcomes, such as LOC, that might be altered, and would therefore be a major barrier to meeting the timeframes. This could change if and when a more complete operations review is done.

C.2. Describe how your company's proposed DBHS Assessment Instrument(s) meet the following requirements:

- Proposed instruments must assess the minimum individual, caregiver, adult recovery, behavioral health history, and risk areas identified in Section 3.1(F)(1)(d).
- Proposed instruments must meet DBHS Minimum Track Record Requirement in Section 3.1(F)(2).
- Proposed instruments must be capable of handling DBHS Year 1 Volume Estimates for each population
- Proposed instruments must identify functional strengths and needs of Beneficiary related to a behavioral health condition. The results of proposed instruments must provide a numerical score.

We provide an overview of the child/youth and adult tools compared to RFP requirements in [Table E.2-2](#). As shown in this figure, the combination of the interRAI-ChYM and the interRAI-CMH meet RFP criteria. While the children and youth version is newer, it shares the core elements of the adult version, which has been extensively used. DBHS estimates a population of 30,000 to 35,000 with children representing approximately 70% of the population. The volume capacity to complete these assessments on a timely basis depends on the staffing pattern, efficient logistical management, and system capacity. In all of these categories our solution meets the needs of the Division for efficient, timely, and reliable assessments of children, youth, and adults using DBHS funded-services. It is important to note the interRAI tools will meet all RFP requirements as implemented for the DBHS populations.

Table E.2-2: Summary of interRAI Child/Youth and Adult Tools

Category	Description	
RFP Requirements	<ul style="list-style-type: none"> ✓ Identify functional strengths and needs related to behavioral health ✓ For adults and children: Used in at least 3 state or local governments or had 50,000 administrations in last 2 years 	
Domains Covered	Individual Areas: <ul style="list-style-type: none"> Behavioral and emotional needs Home and community functioning Strengths and resources Health and safety assessment Social functioning Medical conditions Engagement Co-morbidities Employment Risk Assessment/Review <ul style="list-style-type: none"> All 	Caregiver Areas for Children/Youth <ul style="list-style-type: none"> All Adult Recovery Environment <ul style="list-style-type: none"> Stress/Support Behavioral Health History: <ul style="list-style-type: none"> Current conditions Treatment received Treatment offered/refused Compliance/Response Recovery History
Areas in Use	Child/Youth <ul style="list-style-type: none"> Arkansas New York 	Adult <ul style="list-style-type: none"> Newfoundland/Labrador New York Ontario

C.3. Describe your company's plan to will interact and exchange data electronically with the DHS designee, both for referrals and the transmission of assessment and Tier Determination results.

As described in the IT platform description under the response to A.1, our selection of FEi Systems offers extensive support for external system interfaces to receive referrals and export data to state and other systems. These interfaces can support different types of transactions such as ASC X12N standards or custom file formats, as well as different types of transport such as web services, secured File Transfer Protocol (FTP), etc. If data exchange of these records requires a custom or proprietary format, our team will work with DHS and its designee to prepare the specifications and implement the process to export that information from our system. We have implemented such custom batch transfers with third party systems using client specific information in previous configurations and exchange data successfully with systems in over 34 states and across the nation.

C.4. Describe your company's plan for administering DBHS's Year 1 Assessments taking into consideration the proposed volumes for adults and children. Describe how you propose to prioritize assessments in Year 1 and how you propose to distribute assessments throughout Year 1.

Our plan has offers distinct advantages to DBHS for successful administration, based on our experience administering face-to-face assessments for individuals receiving behavioral health and substance abuse prevention services through Medicaid-funded, state-funded, and enrollment in multiple Medicaid waivers; different instruments; and diverse geography that ranges from intense urban to frontier areas. We deliver 100% timely and compliant assessments through:

- Ability to manage logistics successfully for field-based administration of different tools for multiple populations. Our tracking and reporting tools enable us to manage field-based staff in real-time, with agile assignment of regional Assessors to reach even the most remote areas of a state.
- User-friendly systems for online entry and ability to accurately synchronize data from offline tools on connection to the Internet. This capability is very important for field-based operations since not every Assessor will be able to connect to the Internet in every area for each assessment. Reliable and secure mobile systems enable us to conduct offline assessments and automatically synchronize the record when the system connects online.

Prioritizing Assessments

This discussion takes into account RFP Section 3.1 (F) to the effect that we will work with DBHS to establish an order or priority for performance of initial assessments. The description in this section represents our experience conducting assessments, and we will modify the proposed approach in collaboration with DBHS during the implementation period. The assessment provides the basis for the service plan and therefore must be updated and current so that service planning is efficient, economic, and provides access to needed services. Our priorities to schedule assessments will be:

1. Emergency referrals will be an on-going first priority to assure the safety of individuals and their ability to receive needed services.
2. Individuals waiting for assessments to complete their enrollment in a waiver.
3. Individuals in the highest Tier of service needs. Since DBHS does not current utilize a Tier system, we will work with DBHS to identify priority individuals, for example, children and youth beneficiaries; individuals with previous emergency department visits.
4. Individuals whose last assessments occurred 6-8 months previously, to ensure that we schedule and conduct the annual re-assessment on a timely basis. After Year One, we will begin this process within 10 months of the anniversary date.

- Within this category, we will prioritize individuals at the highest tier of service needs to ensure their services plans are accurate and complete.
5. Requests for assessment from DBHS, providers, and/or individuals and caregivers.
 6. All other waiver enrollees.

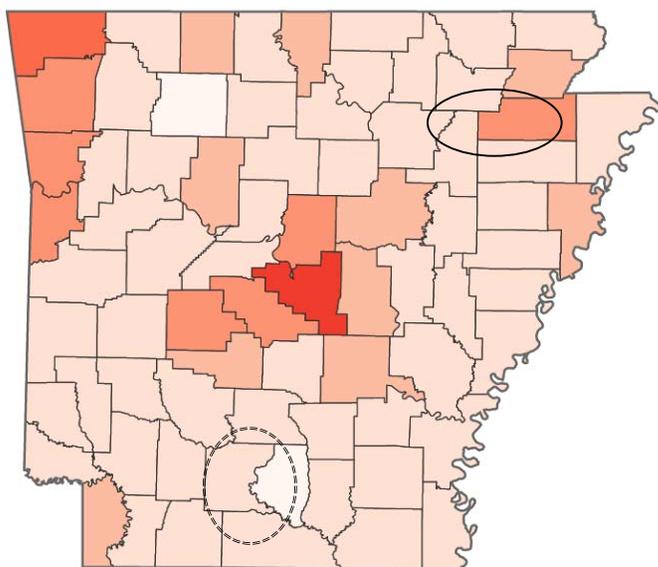
Our staffing and management plan is flexible enough to allow us to prioritize and quickly re-prioritize as needed to ensure waiver enrollees have access to care and are safe in their communities. Our local service center concept enhances our ability to provide this benefit to our state clients through in-depth knowledge of the area, familiarity with providers, enrollees, and geography, and close proximity to DHS to ensure frequent communications and close coordination.

Distribution of Assessments in Year One

We propose to organize assessments across the state by region and priority to focus first on locations within the region with the greatest number of high priority assessments. We will then work from these high-density locations to other areas, taking into account the priority status of the enrollee. [Figure E.2-2](#) displays population density by Arkansas county for 2016

(Available: <http://worldpopulationreview.com/states/arkansas-population/>; Accessed November 29, 2016) with statistics for counties with greater than 2% of the population each as a proxy for volume of enrollees to be assessed. These counties account for almost 60% of the population. We also show Calhoun county, which at 8.32 person per square mile, has the lowest population density in the state.

To meet the needs of the populations served by each Division, we will create Year One assessment plans for each Division to reflect the priorities and needs of their populations. We will then coordinate performance of assessments across Division populations by Region to consolidate assessments as much as possible and improve efficiency of administration. This approach takes into account that different individuals will conduct assessments for specific populations; for example Assessors for DAAS populations can receive training and conduct assessments of DBHS populations if they have at least one year of mental health experience, since we propose to have Registered Nurses conduct assessments for DBHS.



County	Density	% of Pop
Pulaski	517.67	13.18
Benton	294.63	8.38
Washington	239.36	7.57
Sebastian	240.24	4.29
Faulkner	187.61	4.08
Saline	162.32	3.94
Craighead	147.55	3.50
Garland	143.37	3.26
Crawford	104.37	2.07
Lonoke	92.93	2.41
Jefferson	82.19	2.40
Pope	78.01	2.13
White	76.48	2.66
Total		59.87
Calhoun	8.32	0.18%

Figure E.2-4: Arkansas Population Density 2016 – With Selected Counties

Our plan organizes the assessment process to conduct assessments in the counties with the highest volume of enrollees and/or according to priority. For example, enrollees in Pulaski and surrounding counties would be a focus based on the volume of enrollees. We would also coordinate scheduling of assessment for beneficiaries living in Craighead County with surrounding, lower density counties. If an individual in Calhoun county were among the highest priorities, however, we would make arrangements to complete the assessment for that individual. The sophistication of our tracking and scheduling system enables us to organize and assign workflow according to multiple criteria (county, Tier, type of assessment, etc.) to ensure timeliness. Combined with staffing at the regional level, this approach enables us to conduct over 20,000 face-to-face evaluations for our PASRR contracts in California, Florida, and Ohio within 4 business days, well below the federal requirements of 7-9 business days.

Using location and priority to guide scheduling of assessments during Year One ensures availability to conduct emergency assessments as well as a structured approach that can be flexible to meet the needs of enrollees and DAAS priorities.

C.5. Describe your company's plan for ensuring all DBHS's Beneficiaries receive a reassessment on an annual basis.

As section 3.1 (F) (4) (a) states, we will begin scheduling a readmission 10 months after the anniversary of the last assessment date. We will request data from DBHS or its designee to populate our information system in addition to any other administrative data available. We will contact beneficiaries according to the schedule we devise based on approved priorities and estimates of anniversary dates to schedule a reassessment, and work with DBHS and providers to identify the date if it is missing or members do not remember their anniversaries. Our information system will then assign a "reassessment by" date, and will create a workflow queue record for that beneficiary by the 10th month after the anniversary date. The tracking system helps Supervisors and Assessors manage the workflow to assure completion of the assessments on an annual basis. Our online Dashboard will report on the status of assessments, and support summaries by region, county, waiver, type of assessment (for example emergency) and Assessor. DBHS will have 24/7 access to the same online reports our management team uses for real-time information on completion and timeliness. This approach ensures transparency of performance and completion of assessments.

C.6. Describe your company's plan for administering emergency assessments within seven (7) calendar days after referral for the estimated monthly emergency assessment volume.

DBHS emergency assessments are the first priority for completion, as we explain in response to Item C.4. For individuals who are being discharged from psychiatric hospital admissions or acute crisis unit stays, we can arrange to conduct the assessment prior to discharge if the individual agrees and ensure that the assessment is ready as part of the transition of care plan.

We propose to conduct emergency assessments within three calendar days of referral to facilitate delivery of assessment information to providers of ambulatory follow-up services and help prevent readmissions.

When we receive a referral for an emergency assessment, we will document it in the system with an assessment type of "emergency." Timing for completion of the assessment begins on the day we receive the referral. We will then request the medical record documentation from the central Arkansas office so that it is available as soon as possible for Assessor review; and assign an Assessor in that region. We will also facilitate scheduling and communication from the central office to ensure that we have accurate information about the availability of individuals and their current locations. This information is in our tracking system so the Assessor has up-to-date and accurate information at all times. This aspect of the process will be completed within one day of the referral. Should the Assessor need to conduct the interview with the individual outside of working hours, we plan for travel and scheduling accordingly. We

replicate this process across all our contracts with similar requirements; in Florida, we complete document review for nursing facility applicants on an emergency basis within four hours and evaluations within two business days.

C.7. Describe your company's plan to ensure DBHS Assessment Scheduling Protocol are met as set forth in RFP Section 3.1 (F)(6).

As section 3.1 (F) (6) (a) and (c) states, we will receive data for beneficiaries to use in scheduling assessments that enrollment data that includes contact information and the plan of care for each beneficiary. We will use these data to populate our information system in addition to any other administrative data available. The information provides an approximation of the last assessment anniversary. We will contact beneficiaries according to the schedule we devise based on approved priorities and estimates of anniversary dates to schedule a reassessment, and work with DBHS and providers to identify the date if it is missing or members do not remember their anniversaries. Our information system will then assign a "reassessment by" date, and will create a workflow queue record for that beneficiary by the 10th month after the anniversary date. The tracking system helps Supervisors and Assessors manage the workflow to assure completion of the assessments on an annual basis. Our online Dashboard will report on the status of assessments, and support summaries by region, county, waiver, type of assessment (for example emergency) and Assessor. DBHS will have 24/7 access to the same online reports our management team uses for real-time information on completion and timeliness. This approach ensures transparency of performance and completion of assessments.

C.8. Describe your company's plan to ensure DBHS Reassessment Scheduling and Notifications Requirements in RFP Section 3.1 (F)(7) are met.

Our proposed approach to working with DBHS to establish priorities is in items C.4 and C.5, and this approach takes into account the annual reassessment timeline in 3.1 (F) (7). During implementation, we will prepare the notification models for review and approval by DBHS, and automate these notifications in our system. We will automatically send notices to the beneficiaries when the system triggers their records for reassessment. Information beneficiaries find helpful in other contracts include:

- Explanation of the assessment process and how providers use the information to create a service plan that meets their needs.
- Assurances that their information will be confidential and secure, especially information about resources and medications, for example.
- Clear statement about the timeframes, who will contact the beneficiary and when, statement that they will receive a copy of the completed assessment, and how to contact Company with questions or concerns.
 - Since Company is the Beneficiary and Family-centered QIO for Arkansas, we will also provide an overview of the project to our QIO Call Center so that if beneficiaries who are eligible for Medicare call our toll-free number, we can provide accurate and useful information.

Once the assessment is complete and in our system, it will automatically trigger a notification to our Arkansas administrative staff to print and mail a copy to the beneficiary. To assure that these steps occur, we use management reports to track completion of workflow steps.

C.9. Describe your company's plan to ensure DBHS Assessment Notification Requirements in RFP Section 3.1 (F)(8) are met.

[Figure E.2-5](#) summarizes our plan to ensure we meet notification requirements. All notices to DBHS and/or the beneficiary will receive review and approval from DBHS prior to implementation.

Initial Contact

Attempt at least three times on three separate days

- Assessor administrative staff attempts to contact beneficiary, documenting efforts.
- Assessor notifies DBHS or its designee.
- Assessor documents contact DBHS/designee and subsequent contact efforts.

New or Corrected

Receive updated information after 3 unsuccessful attempts

- Document new contact information and date of receipt.
- If contact successful no earlier than four days after the initial referral, adjust timeframe.
- Assessor documents and completes assessment within 15 calendar days from referral.

Contact Cessation

Unable to contact even with updated contact information

- Assessor makes additional attempts as approved by DBHS during implementation.
- If no contact within 30 days of the referral, Assessor notifies DBHS.
- Assessor documents status and discontinues attempts.

Figure E.2-5: DBHS Assessment Notification

C.10. Describe your company's proposed role in any administrative hearing process, legal proceeding or any form of formal dispute as a result of Beneficiary appeal for both eligibility assessments and a reduction or denial of services and how this proposal meets the requirements set forth in RFP Section 3.1.

We provide complete support to our clients for hearings, appeals, or any legal proceeding or dispute for eligibility assessments or assessments that result in a denial or reduction of services. We will provide this support at no additional cost to DHS and participate as requested from our local Arkansas office, which we propose to locate in close proximity to DHS. Staff in this office will assist with, for example:

- Hardcopies of assessments, records, and notifications.
- Review of the assessment process and response to questions or requests for information.
- Reports and analyses of assessment and/or other data such as claims data.

The information system will house all assessment results, process data, and substantiating documentation we compile during the process of conducting assessments. DHS will also have access to this information, and we will provide administrative support as needed and requested. The Arkansas-based Project Director will be the point of contact for these requests.

C.11. Tier Determinations – please describe your company's plan to conduct the assessment and propose a recommended Tier Determination to DBHS and the DHS designee based on the assessment and the Beneficiary's behavioral health history.

We propose to provide skilled program, policy, analytic, and data support for the Tier development process during implementation. Consultant will work with us as a subject matter expert to coordinate Tier Determination meetings with the Divisions, assisted by our Health Intelligence Department staff members, and project clinicians, including the Arkansas-licensed Psychiatrist who will assist with Tier Determination recommendations after go-live. Our experience with this type of activity began with a project in Georgia in 2005 to assign waiver members to service level tiers based on their functional assessments and specific chronic condition. We were the first care management organization to integrate medical and behavioral health factors in our assessments and stratification process, and design integrated service plans;

additionally, we staffed our project with office and field-based teams that included both medical and behavioral health professionals. We currently maintain over 20 proprietary assessments and also use the ICAP, LOCUS/CALOCUS, and other standardized instruments that capture health status; functional status; behavioral health diagnoses, history, treatment attempted and recovery history, and apply them to create intervention cohorts:

- **Low** – Corresponds to Counseling
 - 0 – Primary Care/Wellness
- **Intermediate** – Corresponds to Rehabilitative Level Services
 - 1 – Care Coordination of home and community-based services
 - 2 – Care Management Recommendation
- **High** – Corresponds to Intensive Level Services
 - 3 – Integrated Case Management (Medical/Behavioral Health)
 - 4 – Uncoordinated Care High Risk (Resident/inpatient risk)

These tiers are similar to those DBHS describes in the RFP, and we will use this experience to assist with development of Tier Determination algorithms with guidelines from DBHS. Once we define and test the algorithms, we will program them for automated recommendations when the Assessors complete entry of the outcomes. We will then report the outcome of the assessment and the initial Tier Determination to DBHS using a format we establish during implementation. For example, we can create a work queue on the system specific to DBHS for review and finalization of Tier Determinations so DBHS staff members or the DBHS designee can complete review online and expedite approval of the Tier. This approach enhances access to care by creating an efficient method for DAAS to review and document approval or changes to the Tier level.

Using the work queue will also allow us to prioritize assessments that result in a lower Tier than previous assessments indicated, notify DAAS automatically, and document results so that we can notify the beneficiary. The notices for this purpose will also have DAAS review and approval prior to completion of Operational Readiness Review and be available at go-live.

DDS

D.1. List your proposed assessments instruments/screening solutions for DDS assessments/screens including the organization or company who created and/or owns the assessment instrument/screening solution. If proposing adult and child assessment instruments/screening solution, please list each instrument/screen separately.

We propose to use the interRAI Intellectual Disability (interRAI-ID) and the interRAI Child and Youth Intellectual/Developmental Disability (interRAI-ChYIDD), published by interRAI.

D.2. Describe how your company's proposed DDS Assessment Instrument(s)/Developmental Screen meets the following requirements:

- Proposed instruments/screens must assess the minimum individuals, caregiver, and risk areas listed in RFP Section 3.1(G)(1)(c).
- Proposed instruments/screens must meet DDS Minimum Track Record Requirement in RFP Section 3.1(G)(2).
- Proposed instruments/screens must be capable of handling DDS Year 1 Volume Estimates for each population.

The interRAI assessment instruments are among the most respected tools in the industry for this purpose and is in current use by DDS. [Table E.2-3](#) presents the requirements for this tool and describes how the interRAI ID and CYIDD tools we implement will meet the requirements of the RFP. There is no minimum track record required for the Developmental Screen (Ages & Stages Third Edition).

Table E.2-3: The interRAI Home Care Instrument Meets DDS Requirements

Category	Description		
RFP Requirements	✓ Assessment instrument: Used in at least 2 state or local governments or had 15,000 administrations in last 2 years		
Domains Covered	<table border="0"> <tr> <td style="vertical-align: top;"> Individual Areas: <ul style="list-style-type: none"> ■ Medical history ■ Current medical conditions ■ Behavioral ■ Home and community living activities (ADLs/IADLs) ■ Health and safety ■ Social functioning ■ Employment </td> <td style="vertical-align: top;"> Caregiver Areas: <ul style="list-style-type: none"> ■ Physical/behavioral health ■ Involvement ■ Family stress ■ Social resources ■ Safety Risk Assessment/Review: <ul style="list-style-type: none"> ■ All </td> </tr> </table>	Individual Areas: <ul style="list-style-type: none"> ■ Medical history ■ Current medical conditions ■ Behavioral ■ Home and community living activities (ADLs/IADLs) ■ Health and safety ■ Social functioning ■ Employment 	Caregiver Areas: <ul style="list-style-type: none"> ■ Physical/behavioral health ■ Involvement ■ Family stress ■ Social resources ■ Safety Risk Assessment/Review: <ul style="list-style-type: none"> ■ All
Individual Areas: <ul style="list-style-type: none"> ■ Medical history ■ Current medical conditions ■ Behavioral ■ Home and community living activities (ADLs/IADLs) ■ Health and safety ■ Social functioning ■ Employment 	Caregiver Areas: <ul style="list-style-type: none"> ■ Physical/behavioral health ■ Involvement ■ Family stress ■ Social resources ■ Safety Risk Assessment/Review: <ul style="list-style-type: none"> ■ All 		
Areas in Use	Child and Youth Arkansas, New York, Ontario Adult Arkansas, Finland, Israel, Newfoundland/Labrador, New York, Texas (Regional Managed Care) Planned Future Use Kansas, Illinois		

D.3. Name and describe your company’s proposed developmental screening tool. Describe your company’s plan to implement a developmental screening tool approved or recommended by the American Academy of Pediatrics for the DDTCS and CHMS populations.

We propose to use the Ages & Stages Questionnaire Third Edition (ASQ-3). We will develop form-based data collection screens to capture the ASQ-3 results. The process we use will model that developed for the other instruments in this project in that we will conduct the screening online, with offline data entry for areas where Internet access is not available. The system will then update and synchronize the data on connection to the Internet. Non-licensed staff members will conduct the screening, and will be located regionally depending on areas with high volume screens.

The ASQ-3 does not require third-party training for use, and we will use the same “train the trainer” approach we propose in Section E.3 for staff who will conduct the developmental screens.

D.4. Describe your proposed process for receiving referrals from Primary Care Physicians (PCPs), conducting the screening, and transmitting results to the PCP and to DDS.

We propose to place staff members regionally throughout Arkansas to conduct developmental screens. We will coordinate the process from our Arkansas office, which will receive the referrals from Primary Care Physicians (PCPs) and initiate the screening procedure. Coordinators will be responsible to receive the referrals and enter them into the information system. We will begin the timing of this process the same day as we receive the referral, and will automatically date/time stamp the record upon entry.

The Coordinator will assign a screener based on the region of the child’s residence. After assignment, the system will automatically notify the staff member, who will then be responsible to contact the PCP and

parents and arrange to review the medical record and conduct a screening interview of the child and caregivers (natural supports). The screener will document history and other information using our online data entry system, including results of the screen.

DDS will receive results through a batch transmission from the data system or we will notify DDS individually of the results using the same method of faxing results that we propose to use in notifying the PCP. The screener will verify receipt of the results by DDS and the PCP, and will also be available to respond to questions from DDS and/or the PCP. [Figure E.2-6](#) provides an overview of this process.

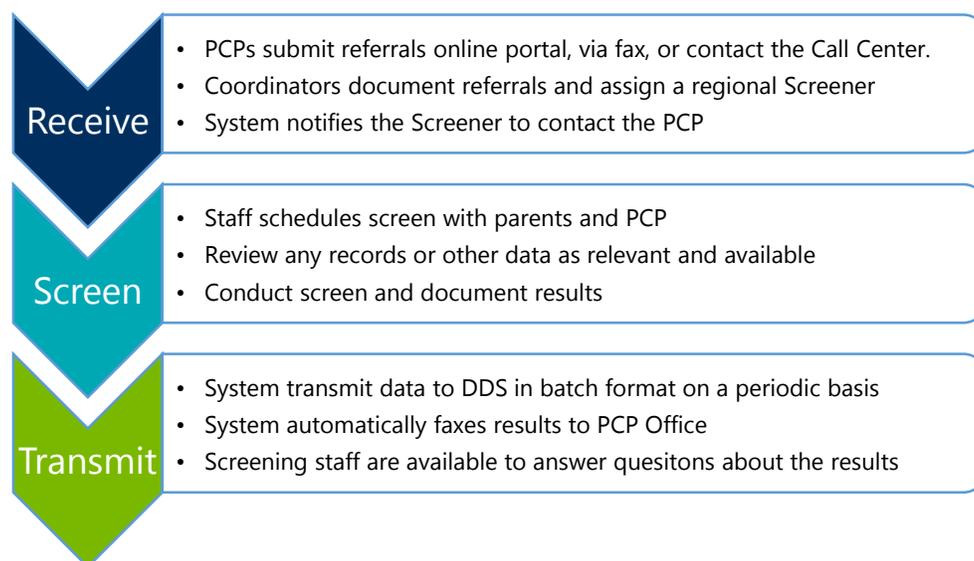


Figure E.2-6: Overview of Developmental Screening Process

D.5. Describe your company's plan to interact and exchange data electronically with DDS.

As described in the IT platform description under the response to A.1, our selection of FEi Systems offers extensive support for external system interfaces to receive referrals and export data to state and other systems. These interfaces can support different types of transactions such as ASC X12N standards or custom file formats, as well as different types of transport such as web services, secured File Transfer Protocol (FTP), etc. If data exchange of these records requires a custom or proprietary format, our team will work with DDS and its designee to prepare the specifications and implement the process to export that information from our system. We have implemented such custom batch transfers with third party systems using client specific information in previous configurations and exchange data successfully with systems in over 34 states and across the nation.

D.6. Describe your company's plan for administering DD Year 1 Assessments and screenings taking into consideration the proposed volumes for ACS waiver clients, ICF clients, and CHMS and DDTCS clients. Describe how you propose to prioritize assessments and screenings in Year 1 and how you propose to distribute assessments throughout Year 1.

Our plan has offers distinct advantages to DDS for successful administration, based on our experience administering face-to-face assessments for waiver enrollees in multiple waivers, different instruments, and diverse geography that ranges from intense urban to frontier areas. We deliver 100% timely and compliant assessments through:

- Managing logistics successfully for field-based administration of different tools for multiple populations. Our tracking and reporting tools enable us to manage field-based staff in real-time, with agile assignment of regional Assessors to reach even the most remote areas of a state.

- User-friendly systems for online entry and ability to accurately synchronize data from offline tools on connection to the Internet. This capability is very important for field-based operations since not every Assessor will be able to connect to the Internet in every area for each assessment. Reliable and secure mobile systems enable us to conduct offline assessments and automatically synchronize the record when the system connects online.

Prioritizing assessments

This discussion takes into account RFP Section 3.1 (G) (6) (a) to the effect that we will work with DDS to establish an order or priority for performance of initial assessments. The description in this section represents our experience conducting assessments, and we will modify the proposed approach in collaboration with DDS during the implementation period. The assessment provides the basis for the service plan and therefore must be updated and current so that service planning is efficient, economic, and provides access to needed services. Our priorities to schedule assessments will be:

1. Emergency referrals will be an on-going first priority to assure the safety of individuals and their ability to receive needed services.
2. Individuals waiting for assessments to complete their enrollment in a waiver.
3. Individuals in the highest Tier of service needs.
4. Individuals whose last assessments occurred 6-8 months previously, to ensure that we schedule and conduct the annual re-assessment on a timely basis. After Year One, we will begin this process within 10 months of the anniversary date.
 - a. Within this category, we will prioritize individuals at the highest tier of service needs to ensure their services plans are accurate and complete.
5. Requests for assessment from DDS, providers, and/or individuals and caregivers.
6. All other waiver enrollees.

Our staffing and management plan is flexible enough to allow us to prioritize and quickly re-prioritize as needed to ensure waiver enrollees have access to care and are safe in their communities. We have extensive experience working with the State of West Virginia to accommodate the effect of regulatory and other changes on the number of individuals needing assessments depending on program modifications. Our local service center concept enhances our ability to provide this benefit to our state clients through in-depth knowledge of the area, familiarity with providers, enrollees, and geography, and close proximity to DDS to ensure frequent communications and close coordination.

Distribution of Assessments in Year One

We propose to organize assessments across the state by region and priority to focus first on locations within the region with the greatest number of high priority assessments. We will then work from these high-density locations to other areas, taking into account the priority status of the enrollee. [Figure E.2-7](#) displays population density by Arkansas county for 2016 (Available: <http://worldpopulationreview.com/states/arkansas-population/>; Accessed November 29, 2016) with statistics for counties with greater than 2% of the population each as a proxy for volume of enrollees to be assessed. These counties account for almost 60% of the population. We also show Calhoun county, which at 8.32 persons per square mile, has the lowest population density in the state.

Staff members who conduct assessments for DDS populations may also administer the Developmental Screens, and we will cross-train Assessors for this purpose. This approach provides flexibility in scheduling and managing volume and helps to ensure all assessments and screens are timely.

1. Conducting assessments on a continuous basis enables us to identify and address systemic issues such as a need for specific service providers, allowing DDS to make improvements that increase access to needed services.
2. Staging avoids strains on the assessment process caused by large numbers of beneficiaries with a need to reschedule interviews within a short timeframe.
3. Being able to economically schedule beneficiary assessments over three years also improves the completion rate, since if we have cancel an assessment during one year, we can move the individual to another timeframe without inconvenience to the beneficiary.
4. Conducting a number of assessments on an annual basis helps keep the Assessor roster current and allows us to maintain a level of effort for Assessors. This factor is important in maintaining the qualifications and training of the Assessors to ensure a detailed and insightful assessment as well as an efficient and cost-effective process.
5. Scheduling re-assessments over a longer period of time also encourages Assessors to make more time for some beneficiaries to accommodate variations in how people like to interact. This ability provides a better experience for beneficiaries and generates more accurate assessments.
6. Maintaining a large pool of qualified Assessors provides flexibility to accommodate new referrals and emergency assessments, and helps to ensure the quality of the assessment.

As these factors illustrate, scheduling re-assessments over the course of the three-year contract facilitates efficiencies, economy of staffing, improves access to services, and creates a better experience for the beneficiary. We can easily accommodate this approach based on our sophisticated scheduling and tracking system. Our information system will enable us to schedule an unlimited number of assessments over an unlimited period of time; produce notifications; update records; and reschedule assessments from any location in the State.

Our plan is to tentatively schedule re-assessments on an annual basis for one-third of the beneficiaries, using a prioritizing approach such as the one we describe in D.6 to establish a quarterly assessment schedule. We recommend quarterly as that also accommodates unavoidable fluctuations in scheduling to ensure we can address emergency and other urgent assessment referrals. We will automate alerts for Assessors as well as 30-day notices for beneficiaries, and provide tracking and planning reports to the management team as well as DDS. DDS can then review the schedule, and suggest adjustments to the schedule as indicated. Using our online assessment and screening tools, the Assessors and screening staff will work with the quarterly schedule, ensure the system sends notices at least 30 days in advance, and dynamically adjust their schedules to provide the maximum convenience for the beneficiary, care givers, and providers. DDS will be able to monitor this process, using our online Dashboard reporting system, with custom workload and production reports available 24/7.

D.8. Describe your company's plan for administering emergency assessments within twenty-four (24) hours after referral for the estimated monthly emergency assessment volume.

DDS emergency assessments are the first priority for completion, as we explain in response to Item B.3. When we receive a referral for an emergency assessment, we will document it in the system with an assessment type of "emergency." Timing for completion of the assessment begins on the day we receive the referral and we will complete the assessment within 24 hours. DDS will notify the Arkansas office of the need of an emergency assessment, based on a change in the individual's biological situation or natural support situation; and immediately assign an Assessor in that region. If an Assessor is not available in that region, we will assign an Assessor based in the nearest county to the individual's location.

We will facilitate scheduling and communication from the central office to ensure that we have accurate information about the availability of individuals and their current locations. This information is in our tracking system so the Assessor has up-to-date and accurate information at all times. This aspect of the process will be immediately upon receipt of the referral. Should the Assessor need to conduct the interview with the individual outside of working hours, we plan for travel and scheduling accordingly. The Assessor will conduct the face-to-face assessment online. To reflect the urgent nature of the situation, in the event Assessors cannot conduct the assessment online, they will complete hardcopy assessments and fax the results to DDS upon completion. Assessors can then complete data entry and update the system as soon as possible. The annual volume of this activity is approximately one per day. During implementation, if we are able to streamline this process to shorten the turnaround time, such as having the referrals entered directly into our data system, we will work with DDS implement the most efficient process. We replicate this process across all our contracts with similar requirements; in Florida, we complete document review for nursing facility applicants on an emergency basis within four hours.

D.9. Describe your company's plan to ensure DDS Assessment Scheduling Protocol listed in RFP Section 3.1(G)(6) are met.

As we describe in D.6, our information system allows us to prioritize, schedule, and track assessments at various levels of detail such as due date, region, and type of assessment, for example. We update the beneficiary records to reflect any changes in status or other data field affecting the timing of assessments, and use our real-time Dashboards and exception reports to monitor the status of completion. We begin timing the assessment when we assign it to an Assessor, and at that point the system also reflects the "due by" date and interim timeframes for specific steps, such as scheduling the interview, for example. Supervisors intervene at the interim timeframes if no update to the beneficiary record occurs to indicate completion of the task on a timely basis. These interventions include providing scheduling and communications support as well as assignment of a new Assessor. We adjust the timeframe to reflect the changes in approach to ensure we maintain the overall timeliness of assessments.

D.10. Describe your company's plan to ensure DDS Reassessment Scheduling Protocol and Notification Requirements listed in RFP Section 3.1(G)(7) are met.

Our proposed approach to working with DDS to establish priorities is in items D.6, and this approach takes into account the annual reassessment timeline in 3.1 (G) (7). During implementation, we will prepare the notification models for review and approval by DDS, and automate these notifications in our system. We will automatically send notices to the beneficiaries when the system triggers their records for reassessment. Information beneficiaries find helpful in other contracts include:

- Explanation of the assessment process and how providers use the information to create a service plan that meets their needs.
- Assurances that their information will be confidential and secure, especially information about resources and medications, for example.
- Clear statement about the timeframes, who will contact the beneficiary and when, statement that they will receive a copy of the completed assessment, and how to contact Company with questions or concerns.
 - Since Company is the Beneficiary and Family-centered QIO for Arkansas, we will also provide an overview of the project to our QIO Call Center so that if beneficiaries who are eligible for Medicare call our toll-free number, we can provide accurate and useful information.

Once the assessment is complete and in our system, it will automatically trigger a notification to our Arkansas administrative staff to print and mail a copy to the beneficiary. To assure that these steps occur, we use management reports to track completion of workflow steps.

D.11. Describe your company's plan to ensure DDS Reassessment Scheduling Protocol and Notification Requirements listed in RFP Section 3.1(G)(8) are met.

Section 3.1 (G) (8) outlines contact requirements that we will automate in our information system to ensure they occur. We provide an overview of these requirements in [Figure E.2-8](#). During implementation, we will review the language, format, and content of notices to beneficiaries with DAAS, and automate the approved notifications to streamline assessments and improve efficiency and economy of the process.

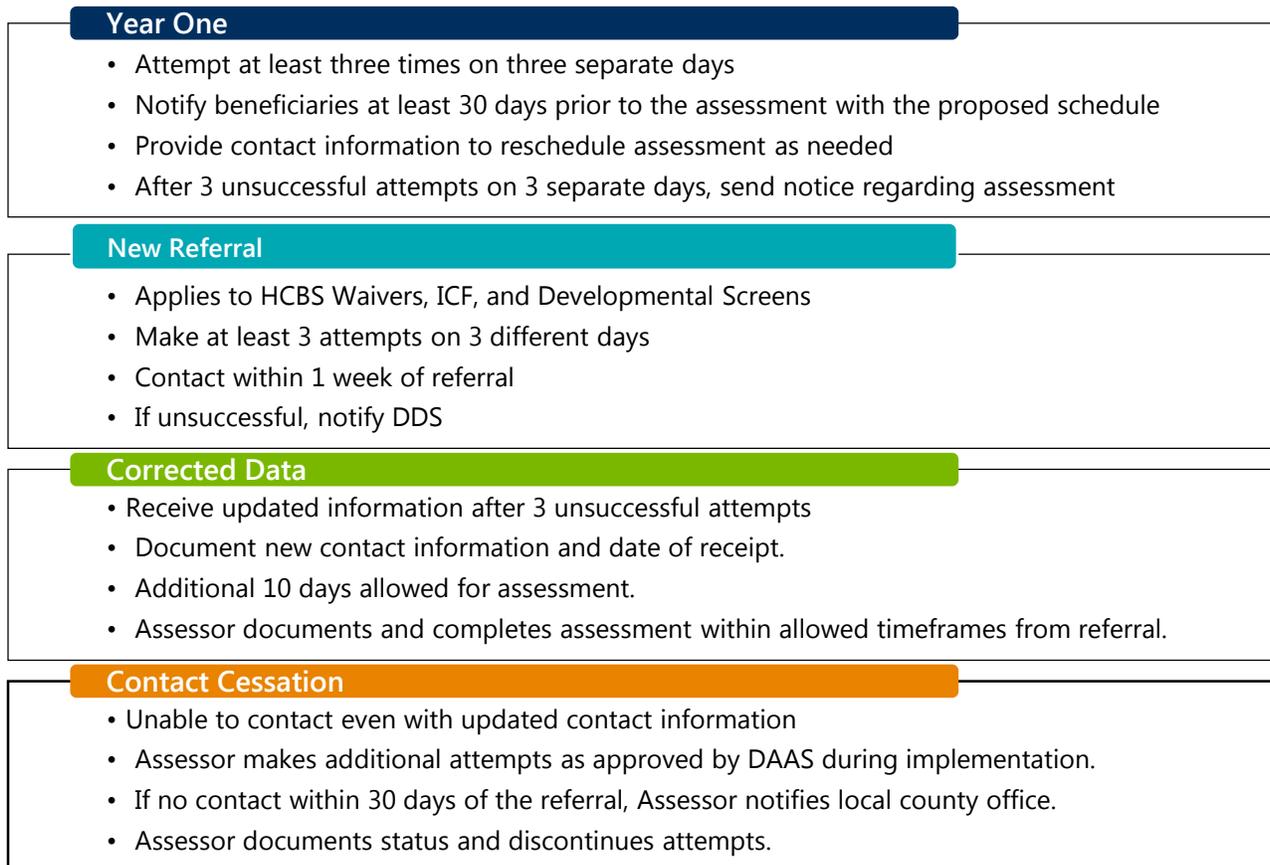


Figure E.2-8: DDS Assessment Notification Overview

By creating a systemized approach to managing the contact process for beneficiaries, and documenting the attempts to contact the individual as required, we can track and monitor the process to ensure Assessors follow the required protocol. Our monitoring and exception reports also enable supervisors to use real-time alerts concerning contacts with beneficiaries, and ensure that we are rigorous in our efforts to contact beneficiaries and conduct their assessments.

D.12. Describe your company's proposed role in any administrative hearing process, legal proceeding or any form of formal dispute as a result of Beneficiary appeal for both eligibility assessments and a reduction or denial of services and how this proposal meets the requirements set forth in RFP Section 3.1.

We provide compete support to our clients for hearings, appeals, or any legal proceeding or dispute for eligibility assessments or assessments that result in a denial or reduction of services. We will provide this support at no additional cost to DHS and participate as requested from our local Arkansas office, which we propose to locate in close proximity to DHS. Staff in this office will assist with, for example:

- Hardcopies of assessments, records, and notifications.

- Review of the assessment process and response to questions or requests for information.
- Reports and analyses of assessment and/or other data such as claims data.

The information system will house all assessment results, process data, and substantiating documentation we compile during the process of conducting assessments. DHS will also have access to this information, and we will provide administrative support as needed and requested. The Arkansas-based Project Director will be the point of contact for these requests.

D.13. Describe your company's plan to conduct the assessment and complete a Tier Determination based upon the results of the assessment.

We propose to provide skilled program, policy, analytic, and data support for the Tier development process during implementation. Consultant will work with us as a subject matter expert to coordinate Tier Determination meetings with the Divisions, assisted by our Health Intelligence Department staff members, and project clinicians. We manage the IDD Waiver for the State of West Virginia and provide training and technical assistance to individuals with IDD, their families, and service providers to improve the quality and safety of inpatient care. Our experience includes using assessments to develop and administer a statistical budgeting model to identify resource levels for the WV IDD Waiver, using similar data and concepts as those required by the RFP:

- **Tier 1**
 - Center-based Clinic Services (DDTCS, CHMS) and Medicaid State Plan services
- **Tier 2**
 - Institutional Level of Care (Determined by DDS)
 - Does not need 24/7 care
- **Tier 3**
 - Institutional Level of Care (Determined by DDS)
 - Does need 24/7 care

Using data collected through the assessment process, we will determine if the individual requires care on a 24/7 basis; if so the determination will be Tier 3. If not, the determination will be Tier 2. We will document result that determine a lower Tier than previous assessments, notify the beneficiary. The notices for this purpose will also have DDS review and approval prior to completion of Operational Readiness Review and be available at go-live.

E.3 ASSESSORS AND ASSESSMENT STAFFING

We reduce risk and increase project effectiveness with proven plans, processes, and procedures for staffing and hiring highly qualified assessors for each Division.

The qualifications and preparation for assessors are critical to conducting accurate and complete assessments. We build on the qualifications of our staff with detailed planning and comprehensive training to meet and exceed DHS requirements.

A.1 Describe your company's plan to ensure each assessor is trained and fully equipped to administer the particular Assessment Instrument or Developmental Screen to which he/she is assigned. Assessment/screening staff must also meet the minimum qualifications listed in Section 3.2.

Our Proven Plans and Staffing Processes Reduce Risk and Increase Project Effectiveness

- Proven staffing model delivers 100% timely face-to-face assessments
- Retention rate of >90% is significantly higher than the national average of 73%.
- Reliability in similar programs exceeds 95% and supports access to quality care
- Cross-training for eligible staff promotes efficiency and flexibility to handle emergencies
- Compliance360 documents and tracks certification, training, and other requirements at the contract level,

Education and training in organizational and client-based domains are among the most vital components to ensuring quality outcomes through knowledge. *Learning and Development* (Training) is one of four key departments (the other three being Compliance, Quality and Business Process Improvement) that comprise our *Center of Excellence* (COE) model for corporate and contract operations. Our Learning and Development Model develops, implements, tracks, and measures the results of training to help individuals achieve proficiency in professional/operational/contract goals and expectations. This approach is important to this project because it instills an effective, customer-service orientation across every aspect of operations and helps to ensure achievement of our own high performance standards.

The staff of Learning and Development carries out this mission by:

- Enhancing organizational culture through professional development programs in a way that improves the delivery of person-centered services to beneficiaries.
- Promoting diversity to protect individuals from discrimination and harassment, which improves our ability to deliver culturally appropriate services.
- Assisting individuals in developing their interpersonal and managerial skills, a practice that improves efficiency and staff-retention.
- Responding to conflict issues within work units to facilitate performance management, foster team unity and productivity. This approach helps us maintain a focus on achieving the goals of the project for improvement in services, excellent patient experience of care, and conservation of resources.
- Improving the quality of work life and job satisfaction, and engagement of employees with Department staff, providers, and beneficiaries.
- Educating employees so they conduct project activities according to project policies and procedures.

Our approach fosters collaboration between our staff, the Department, and stakeholders to deliver high-quality, cost-effective services that improve beneficiary outcomes.

Goals

Through our continuing effort to meet Company's internal and external customers' needs, the Learning & Development department of COE continually observes and assesses individual, departmental and organizational needs in order to:

- Improve contract performance

- Enhance customer service and enhance intra and inter department teamwork
- Support institutional mission and strategy
- Lower or eliminate performance deficiencies
- Cultivate an overall culture of engagement at all project levels
- Enhance workforce/organizational flexibility
- Improve quality and quantity of productivity
- Enhance Employee Experience and Retention
 - Conceptualize, design and present training programs intended to motivate, challenge, strengthen and enlighten staff and to align professional skills with organizational needs
 - Improve key interpersonal skills including communication, problem-solving, conflict resolution, and performance management skills
 - Increase employee engagement, encourage favorable attitudes, loyalty and cooperation
 - Lower turnover and absenteeism rates
 - Assist in the orientation of new Company employees to reduce workplace stress and burn-out
- Meet regulatory and legal requirements
 - Promote and support change and assist individual and departments as they adapt to change
 - Promote the valuing of diversity and prevent and correct discriminatory and harassing workplace behaviors
 - Reduce or eliminate Human Resources complaints and litigation
 - Share information related to Human Resources and other policies and procedures

Highlights

- ✓ **Orientation Program:** The training and development process begins with all new employees attending our Employee Orientation Program, which is designed to acquaint employees with the Company's purpose, policies, benefits, and programs.
- ✓ **On-The-Job Training:** Specific work-related instructions are provided by supervisors and co-workers. Thereafter, individual employees will jointly share responsibility with their supervisors for keeping themselves informed about career-development opportunities to acquire new skills or knowledge.
- ✓ **Positive Employee-Supervisor Interaction:** Through positive employee-supervisor interaction, the supervisor will assist or do the following:
 - Identify strengths and areas for improvements with the employee
 - Identify and recommend training to provide developmental opportunities
 - Recommend methods for self-development
 - Broaden the employee's knowledge of the department and/or company through cross-functional and cross-departmental opportunities; i.e., participation on a formal team, or working on a special project
 - Assist the employee in establishing goals.

The employee is responsible for working with his/her supervisor for pursuing developmental opportunities that meet current performance demands and for identifying potential career directions.
- ✓ **Seminars:** Employees may attend seminars conducted outside the organization during work hours with the approval of their supervisor and authorized by the Director of Contract Support Services and tuition assistance is available to all eligible employees.
- ✓ **On-Site Training:** On-site training will be offered on an as needed basis.

Module based training

We use a module-based training program for all employees to ensure adherence to procedures and consistent, correct application of criteria and policies in accordance with contract requirements. Each module is a self-contained lesson on a single topic that trainers can present separately or as part of a series, such as those for a particular assessment type such as the interRAI-HC or the ASC-3. Each module:

- Delivers task-specific information for the selected instrument
- Orients the Assessors to the specific process for administration of the instrument
- Provides instructions on the use of tools and systems
- Explains policy and procedure details for each instrument and population.

The primary platform for delivering these training modules is through the Learning Center, a highly advanced Learning Management System (LMS) that facilitates enrolling, tracking, and reporting training throughout the organization. This system is accessible to all employees and contains modules for Compliance/Regulatory Training, Role-Specific Training, Organization-Specific Training, and Business/Professional Skills Training. We integrate results of this system with Compliance360 for end-to-end training and monitoring of performance for each contract.

We provide a comprehensive description of the features and benefits of the Learning Center in [Figure E.3-1](#).

<p>The Learning Center is a feature-rich, innovative Learning Management System (LMS) accessible to employees for all functional, compliance, company-specific, and professional development training.</p> <p>The Learning Center is available to employees 24 hours a day, 7 days a week through a secure internet connection from virtually any workstation or PC.</p>	
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Figure E.3-1: Secure Sign-on for the Learning Center

Learner's Access	
<p>Learners have the opportunity to enroll or be assigned a wide variety of e-learning courses or instructor-led training courses from their "My Training" page:</p> <ol style="list-style-type: none"> 1. Instructor-led course facilitated online via web conference. 2. Professional development e-learning course. 3. Functional or job-related e-learning. 4. Compliance (HIPAA) e-learning with electronic acknowledgement/sign-off. 5. Surveys to measure training effectiveness. 	
<p>Learners have access to their transcript to review:</p> <ul style="list-style-type: none"> ■ Courses they are enrolled in ■ Courses they have completed ■ Courses they need to finish ■ Time spent in courses ■ Status (passed/failed/completed) 	

Learner's Access	
<ul style="list-style-type: none"> ▪ Completion date ▪ Certificates earned through course completion or attendance in instructor-led live training sessions 	

Figure E.3-2: Self-Management of Training

Learner's Access (continued)	
<p>Training videos about specific functions can be recorded and posted in the Company Learning Center to deliver focused, relevant training.</p> <p>The Company training team has the ability to record these videos via the internet and post them for enrollment immediately for same-day turnaround. This gives us the opportunity to respond to urgent training needs.</p> <p>Example shown here: IRR Quality Training</p>	
<p>Relevant and challenging learner games, quizzes, assessments, and other elements are attached to each e-learning course. These elements test the learner's knowledge of the material and provide methods of engagement to capture their attention and make sure the learning sticks!</p> <p>Example shown here: HIPAA Compliance Training Course.</p>	
<p>Quizzes and assessments are scored and learners receive immediate feedback when they submit an answer to a question.</p> <p>Example shown here: HIPAA Compliance Training Course.</p>	

Figure E.3-3: Examples of Learning Topics and User Interface

Learner's Access (continued)	
<p>Once a learner completes a final quiz that determines pass/fail of a course, they are shown their results and receive instruction if they are to attempt the quiz again or re-take the course. Example shown here: HIPAA Compliance Training Course.</p>	
<p>Learners have access to a library of resources attached to e-learning courses in the Company Learning Center. These resources can be printed, saved, or otherwise used later by learners to refresh their memory or used as quick reference guides.</p>	
<p>Surveys can also be created and deployed to learners once they complete courses. These surveys can be used to acknowledge completion and understanding of a course (for example, HIPAA), give the training team feedback about a course, or to measure effectiveness of training in 30/60/90 days.</p>	

Figure E.3-4: Learning Center Customized Tests and Surveys

Reporting	
The Learning Center can track and report training activity on individual learners, groups, courses, curriculum, etc. These reports can be exported into Excel for easy sorting and sharing.	
One of the most important features of reporting is the ability to track and report training activity by specific groups. An unlimited number of groups can be set up and tracked and learners can be assigned to multiple groups.	

Figure E.3-5: Staff and Managers can Access Online Reports on Training Activities

Summary
The Learning Center is the most current, state-of-the-art Learning Management System used by the company to date. The Training team is constantly exploring ways to enhance functionality and serve employees and customers in the most effective way possible. The Learning Center provides Company employees the opportunity to be the most well-trained, informed medical professionals in the industry, and we are just getting started!

The Arkansas Project Team will have access to this system, which we will configure for training on the policies, procedures, and instruments for the project.

Training Plan

Our training plan will establish the relevant schedule to achieve readiness for go-live, and build on the qualifications of our Assessment personnel. We will populate the Learning Center with content specific to the requirements of the Independent Assessments and Transformation contract to facilitate staff training through self-administered courses as well as formal training from Arkansas training staff.

Training Schedule for Go Live

Our Operations team in Arkansas, supported by expert staff from HCBS and the publisher(s) of the selected instruments, will ensure that assessors receive training specific to the tools and processes each Division selects for their populations. Since final selection of these tools is part of the scope of work, we will coordinate the training process with selection of the instruments. Completion of the training process will occur prior to June 20, 2017 to ensure readiness for implementation of assessments on July 1, 2017. We show a Gantt chart with project training activities, deliverables, and milestones

Assessor Qualifications

Our plan starts with qualified Assessors who have the credentials and experience relative to the populations receiving assessments. Assessors will meet or exceed the requirements DHS established in the RFP; our proposed staffing for assessments is:

- **DAAS:** Assessors will be Registered Nurses licensed in the State of Arkansas with at least one year of experience. We will offer current DAAS employees right of first refusal as required, which will assist with readiness as we propose the InterRAI instrument in use by DAAS at this time.
- **DBHS:** Assessors will have Bachelor's degrees in a related field, and at least one year of mental health experience.
- **DDS:** Assessors will be Qualified Developmental Disability Professionals (QDDP) with at least two years of experience.

The training plan will ensure that Assessors have the knowledge and capabilities to conduct accurate assessments, and will include policies and procedures to address all components of the assessment process:

- Scheduling and confirming the assessment appointment.
- Information required for the assessment in addition to the interview.
- How to administer the selected tool.
- How to access clinical consultants to assist with assessment questions.
- Interactions with consumers and other individuals participating in the assessment such as caregivers and family members.
- Security and confidentiality of information and systems.
- How to access and use the online tool and complete an assessment offline during connectivity interruptions.

Reliability Methodology: We use several methods to evaluate Assessors and ensure consistency of application of the instrument and adherence to our approved processes. We measure reliability through agreement between individual Assessor findings and a gold standard Assessor and/or assessments and documentation. Supervisors attend interviews with Assessor staff and independently complete the assessment. We compare the results and calculate agreement rates. For Assessors who score below 85% agreement, we conduct retraining and continue to evaluate results. In addition, we create "gold standard" assessment packets that Assessors use to complete document review. We compare individual Assessor results to the gold standard assessment, and calculate agreement rates until Assessors reach the required agreement level.

Train the Trainer: We will use a "Train the Trainer" approach, and select one or more individuals and/or supervisors for each Division to serve as Assessor trainers. These individuals will receive training on the instruments and the system first. Once they complete training and achieve at least 90% reliability levels on the selected tool, they will train remaining staff members. The timing of training is important. We propose to train the Assessor cohort for each Division at one time once hiring and corporate orientation/training is complete. This approach ensures consistency in training across the cohort. Additionally, training will occur

as close to implementation as possible so that Assessors do not “de-train” or lose details of techniques and interpretation based on delays in application of learned skills and methods.

Training on administration of the instrument will vary depending on the specific tool. If DHS selects multiple tools for the population based on age, we will provide training for each specific instrument, for example, child and adult. As we indicate in Section E.2, we propose the interRAI suite of tools for this project. An excellent feature of this suite is that it does not require third-party training and certification. Our plan includes access to Dr. Brant Fries and Mary James from the University of Michigan to assist with Tier Determination development as needed and assist with developing our training program. Training is complete when each Assessor achieves at least an 85% reliability rating for the tools they will administer.

Initial Training: Our subject matter experts will design and coordinate all of our Arkansas staff training to develop curriculum in accordance with contractual, State, and Federal guidelines. Our key staff has the requisite knowledge to train new evaluators efficiently and appropriately. Examples of subject matter expertise we will provide to develop appropriate modules include:

- Contract Requirements – Client goals, program descriptions, contract deliverable, Key Process and outcome measures
 - Instrument-specific knowledge concerning conceptual development, domains, application, and scoring.
 - Conducting interviews with individuals, caregivers (natural and paid supports), provider, and legal representatives of beneficiaries
 - Cultural competency and language standards
- Confidentiality and Security
 - HIPAA and confidentiality standards – training that addresses compliance to regulations governing HIPAA, PHI, etc.
 - Document and email security and confidentiality
 - Physical and system security and confidentiality
 - User requirements and procedures (for example changing passwords, leaving workstations, etc.)
- Corporate Standards
 - Compliance procedures and Compliance360.
 - Organizational Code of Conduct
 - URAC standards – modules discussing the core standards and standardized processes Company uses to perform all contract work
 - Financial Administration – training on web-based timesheet recording, travel policies, etc.

New Employee Orientation: The first step in our training process is our new employee orientation, which introduces all staff to the overall corporate objectives and policies. This thorough and comprehensive orientation to the company that includes information on the contract scope of work; the individual’s role and responsibilities; and correlation of individual responsibility to meet contract requirements.

After initial orientation, employees begin a series of training modules related to their job assignments. Each module is designed to accomplish the following:

- Deliver task-specific information for the review at hand
- Orient the Assessors to the instrument administration process
- Provide instructions on the use of tools, scoring, and tier determinations

Once employees receive initial training, we then provide a more comprehensive session on confidentiality and security issues. Our employees in Arkansas, for example, will undergo our rigorous training with

respect to the security and confidentiality of medical records and PHI. We successfully conducted this training for other Medicaid and Medicare contracts in 10 implementations in the past 5 years.

Through our modular approach, the training program transfers the essential knowledge required in a manner conducive to individual development and adult learning. This approach allows the learner to use existing knowledge and experience and attend those sessions needed to learn the skills and information required. It also enables the employee to spend as much time as needed to reinforce new ideas. The Learning Management System documents each training sessions for individual employees to ensure that all staff attend and pass. Required topics for initial and annual modular training of all staff include:

- Ethics Framework Policy (includes conflict of interest),
- Workplace Security and Internet Privacy,
- Workplace Harassment, and
- State and Regulatory Compliance.

The Company staff development program also includes a comprehensive clinical orientation, assesses the competency of Assessors, identifies relevant on-going training and in-services to support staff development, and delivers targeted, remedial training to address any areas of underperformance. Our initial comprehensive training ensures all staff members have sufficient knowledge and ability to implement and deliver required program services smoothly.

Evaluating Employee Performance

Each employee undergoes a Performance Evaluation review six months from date of hire and annually thereafter. We evaluate and report performance goals that include the results from each of the quality control activities and core behavioral competencies essential to the achievement of our business goals using software that tracks and measures personal performance. In addition to intensive program orientation during implementation (or for new hires), we continuously measure the ongoing quality of staff performance. For example, we monitor telephone calls monthly for each staff person. The calls are selected on a random basis and evaluated for correct and courteous handling and appropriate documentation. Clinical and support staff are closely monitored for the first 90 days of employment and undergo a six-month probationary period consisting of review, discussion, and feedback with additional training if necessary. Regular in-service training and support is provided to maintain a knowledgeable and specialized staff.

Desk Level Resources

During our training program, each staff member receives a training binder that includes critical information (desk level resource). The most up to date documents will be posted electronically on a SharePoint site specific to the contract. The training binder includes information such as:

- Arkansas Waivers
- Cultural Competency training module
- Workflows, including access to clinical consultants for Assessors
- Community Resources
- Program Overview and Deliverables
- Definitions and Acronyms
- Position Checklists
- Interpreter Resources
- Quality Program description

Evaluation of Training Effectiveness

All staff training events we conduct include the completion of training evaluation forms. These forms request information from employees about content, clarity, and presentation style. Additionally, employees are encouraged to provide feedback on future topics and suggestions to make future events better. Evaluation forms are entered into a training database and analyzed at the time of the event and in aggregate quarterly. These evaluation forms are a component of a larger effort to monitor and evaluate our training activities, assess their effectiveness, and identify opportunities to improve these activities, as part of the overall QI process.

Company'S subject matter experts assist the our leadership and the Corporate Learning & Development Manager to develop staff learning objectives and curriculum. Training modules provide the building blocks for quality training, and we use them successfully in all of our contracts. Our training modules for clinical evaluator staff will include, but are not limited to the following:

- Standard Operating Procedure (SOP) Manual
- DHS Expectations and Contract Deliverables
- Assessment Process
 - Initial, Reassessments, and Emergency Assessments
 - Developmental Screening
 - Assessment and Screening Timeframes
 - Fair Hearings/Appeals
 - Selecting and Issuing Summary Notifications
- Quality Procedures for Assessments and Screening
 - Knowledge and appropriate application of interRAI assessments and ASQ-3 Screen
 - Reliability
- System Use
 - Telephone Etiquette/Customer Service Techniques
 - Logging and Tracking System
 - Equipment Training
- Program Security and Confidentiality6
 - Confidentiality and Security of Protected Health Information (PHI)
 - Health, Safety and Welfare of clients
 - Fraud and Abuse

Enhancing Clinical Competency

Assessors and screening staff participate in ongoing educational training activities, both internal and external, to enhance clinical competency and to comply with standards related to clinical licensure and credentials as applicable. Internal training occurs in varied settings, including weekly staff meetings that address administrative and clinical policy and procedure revisions as well as special clinical topic reviews. The Project Director distributes emails to inform staff of procedural updates, policy changes, or other subjects relevant to the program.

Promoting Review Productivity

Company maintains productivity benchmarks for all staff members to assure that contractual timelines are met and exceeded. Assessor productivity is tracked daily, weekly, and monthly by number of completed

reviews and turnaround time. We post this information each week and discuss individual productivity reports with the reviewer during individual supervision meetings.

Ongoing Training

Remedial training will be provided on an annual schedule using the same methods as initial training. We will use our periodic audits of assessments to identify areas for retraining on an individual basis as well as across Assessor cohorts. Supervisors will provide educational interventions to address issues we identify in the audits, such as inconsistent administration of the instrument(s); variation from policies and procedures for documenting assessments, etc. We routinely provide training updates to address changes in DHS policies or the assessment instruments, the addition of new populations, or additional requirements at the state or federal levels. We provide ad hoc remedial training to address these training requirements if/when annual training is not sufficient or timely.

On an annual basis, we will conduct formal retraining and evaluation of Assessor reliability, and intervene with Assessors who do not score at least 85% agreement. They will not continue conducting assessments until we re-evaluate them. Our staffing model accommodates this approach with a qualified Assessor pool that can complete assessments to ensure we meet all contract requirements while we retrain and evaluate Assessors.

Fully Equipping Assessors

In addition to training Assessors on the process and instruments, we will also provide equipment for the Assessors to use to access the online assessment instruments for each population. Assessors will receive training on the use of the equipment in addition to orientation to confidentiality and security policies. They will be able to complete assessments offline in the event they are unable to connect to the online tool, and the system will automatically update the record the next time the device connects to the online application. Connections are secure and we encrypt the contents of the devices to ensure confidentiality of the data collected.

Reporting on Training

We will ensure that DHS has current and complete information on training and re-training through a monthly training report for each Division.

These reports capture the initial, annual, and remedial training for the assessor staff. We will document all training activities for the assessors including training associated with Inter-rater Reliability (IRR) activities. We will create a training database that includes training sessions, instructors, frequency, attendees, and results (if applicable) into this database and use that information to create the monthly report. During implementation, we will submit draft formats and content to the DHS Project Officer for review and approval. The Project Director submits the report to the DHS Project Officer according to the schedule we determine, with DHS, during implementation. For more details regarding our training reports, please refer to *Section 9- Reporting*.

Systems Training

For engagements implementing similar projects, the Company team offers a variety of training to users. User training is a very important component of system success because it directly affects user buy-in. FEI offers training before go-live but also offers refresher training and post go-live training to answer user questions based on their experience in the field. We offer, depending on agreements with our clients, in-person training, as well as webinars. We will tailor training based on the audience; for example, we may offer training of a certain module to three different user groups, but we tailor the content based on the functions to be performed for this module by each user group. We guide the training by developing a

detailed training plan that identifies the topic, venue, date, duration, audience, and topics. We will also build a site that potential trainees can use for various training sessions.

Our team's experience developing similar training programs comes from more than 35 implementations of similar systems. Our trainers and the ITS Project Manager will work with the State to define training requirements based on the user population, system deployment schedules, and agency organizational constraints and document those needs and our approach in a Training Plan. From our experience, based on the needs of the organization, we have operated both train-the-trainer and train-every-user models.

Prior to these training sessions, the Company team has set up training environments for users to have hands-on learning as well as training materials outlining key processes. From there, with train-the-trainer, those personnel can provide training for their staff using the web-based training environments, training materials, and items learned during their training.

A.2. Describe your company's plan to ensure any required Clinical Staff obtain/maintain appropriate State of Arkansas licensure.

The Company Human Resource Department is responsible for the initial credentialing of licensed staff, which they conduct during the hiring process in addition to background checks and other required verification. This process includes source verification of licensure. We document the license renewal for each individual, and follow up with the individual prior to expiration to ensure they renew their licenses on a timely basis. If necessary, we query the Licensing Board for the relevant discipline to determine that a license is in good standing. We do not hire individuals without appropriate credentials and will suspend any individuals who do not renew their licenses appropriately. Please refer to [Section E.6](#) Credentialing.

A.3. Describe how you will ensure each required Clinical Staff person meets the additional requirements set forth in RFP Section 3.2 (E).

We use a proven 4-step process to ensure our Clinical Staff meets all requirements as follows:

1. Arkansas-licensed for clinical consultation and supervision of Assessors.

As our staffing plan demonstrates, we include supervisor positions for each Division aligned with clinical requirements for that Division. This approach is our standard business process to ensure that local operations meet the requirements of the contract. We verify licensure during the initial hiring process, and update it on the renewal schedule of each clinician as we explain in [E.3 A.2](#).

Additionally, we maintain a national contract with a roster of over 2,500 clinical consultants as part of our BFCC-QIO operations. This arrangement provides access to Board-certified physicians and other allied health professionals, licensed in the State, who can provide consultation for Assessors.

2. Telephone access to clinical expertise between 8 AM and 6 PM on weekdays.

We currently provide access to licensed clinicians for consultation by assessors and other office or clinical field-staff in each of our 19 statewide Medicaid contracts by hiring and/or contracting with appropriately licensed clinicians during office hours. For Arkansas, office hours will be between 8 AM and 6 PM Monday through Friday, and we will ensure coverage for this time period with employed clinicians as well as clinical consultants. Assessors will have specific directions and training on when and how to contact their Supervisors and/or the Medical Director and clinical consultants for questions or concerns. Please see item E.6, Key Personnel and Other Staffing Requirements, for detail on these positions.

3. Consultation with Board-certified or Board-eligible Physicians.

Our staffing model includes several relevant specialty Medical Directors, who will be Board-certified physician licensed in Arkansas, and Physician Advisors, who are typically Board-certified physicians, with specialties in clinical areas that are relevant to the contract. Refer to [Section E.6](#) staffing for more specific details.

Assessment policies, procedures, and training will address the process for accessing these resources during the Assessment process. In addition, we will contract with a Psychiatrist Physician Advisor specifically to consult with Assessors regarding recommendations for Tier Determinations or any other aspect of the assessment.

This Physician Advisor will be Board-certified in Psychiatry, and will collaborate with the Tier Determination implementation team for the DBHS scope of work. This approach ensures that the Physician Advisor has detailed knowledge of the development of the Tiers and criteria for recommending determinations. Staff conducting the DBHS scope of work will receive training and direction on how and when to consult with the Psychiatrist Physician Advisor.

4. Maintain appropriate Arkansas licensure and furnish proof.

The Company Human Resources Department is responsible for credentials verification of all licensed staff and will maintain documentation of credentials over the life of the contract. The Project Director is the point of contact for DHS to request proof of licensure for any or all licensed staff. On request, we will provide copies of licensure or other requested materials within two business days of the request. Please refer to [Section E.6](#) Credentialing for more specific details regarding our process.

A.4. Describe how you will ensure that each Assessor meets the requirements of RFP section 3.2 (F)

Assessors will meet these General Qualifications for Assessors:

- Minimum one (1) year of experience working directly with designated populations
- Ability to request and verify information from individuals being assessed
- Provide Cultural sensitivity to individuals being assessed
- Necessary knowledge, skills and abilities to successfully perform and manage Independent Assessments.
- Linguistic competency in the Beneficiary's primary language and verify information
- Not being related by blood or marriage to the individual or to any paid caregiver of the individual

We ensure that all Assessors meet contract requirements such as these through our proven hiring and management procedures. Using the following four procedures, over 400 Assessors have successfully completed more than 200,000 accurate, timely, and complete face-to-face assessments every year with populations similar to those in Arkansas.

1. Development and approval of Assessor Job Descriptions tailored to the specific requirements of each contract. For this project, qualifications differ depending on the populations served by the three participating Divisions (DAAS, DBHS, and DDS).
2. Detailed screening by experienced Company Human Resource staff to ensure applicants meet the required qualifications established in the RFP (such as those in this item and A.6) and corporate policies for similar positions.
3. Careful review by operations executives and managers to evaluate the extent to which qualified applicants meet our expectations for exemplary customer service attitudes and experience, including culturally competent language and behaviors. Our clients recognize our management team for these factors. They contribute to our successful long-term client relationships, averaging over 15 years'

tenure with state and federal agencies. This experience helps to ensure we accurately assess that successful applicants have the knowledge, skills, and abilities to perform.

4. Certification by the Assessor regarding linguistic capabilities and relationships to program beneficiaries. We document these characteristics for each Assessor and make this information available to supervisors as part of roster of staff.

For individuals who we hire as employees or contractors, we document language proficiencies and any relationships with beneficiaries or caregivers. Additionally, prior to assigning an individual to a specific assessment, we verify and document the Assessor's ability to communicate in the Beneficiary's primary language and the existence of any relationships by blood or marriage with the individual, paid caregivers, or others contributing to the assessment. If the Assessor has such a relationship to the specific Beneficiary, we assign another Assessor and complete the same documentation. If the Assessor is unable to communicate in the Beneficiary's primary language, we either assign another Assessor or arrange for interpreter or other linguistic assistance as needed.

A.5. Describe how you will ensure each Beneficiary receives culturally competent and linguistically appropriate services from your company.

Our corporate principles set the expectation that every person receives appropriate and person-centered treatment from our company. Articulating this standard as a condition of working with us provides the fundamental assurance we extend to individual contracts and the beneficiaries we serve.

Ensuring Culturally Competent and Linguistically Appropriate Services

Staff members and contractors who interact with beneficiaries on a face-to-face basis receive training on appropriate communication methods with the prospective population. For example, individuals who engage DBHS populations will receive training on areas important to adults with serious mental illness and children with severe emotional disturbances, such as recovery-oriented services, trauma-informed care, and resiliency in children. This training provides the foundation for Assessor awareness of appropriate and expected behavior. We also train Assessors on our specific policies and procedures for appropriate communications and engagement with beneficiaries.

At the individual contract level, we first determine the beneficiary's cultural background and linguistic needs using an eligibility file that we update in our information system. We verify this information when we contact individuals, or their representatives to schedule an assessment. We document the need for:

- Sign language or non-English language needs. Family members may not serve as official translators but we welcome their assistance with communication.
- Other assistive device for communication.
- Preferences for locations and timing of meetings, including attendees and formal representatives.

After we completely document cultural and linguistic needs, the Assessor arranges to interview beneficiaries according to their preferences for time, date, location, and attendees. When beneficiaries are able to choose how they participate in an assessment, they are able to make arrangements that reflect their unique cultural characteristics and needs. This approach provides a better assurance that they will receive culturally and linguistically appropriate services than even the best corporate policies and training.

We translate the policies, procedures, and training into an active approach for the assessment process. At the beginning of the interview, we ask the Beneficiary to identify any other needs or preferences. We assure that Assessors are aware of and understand individual expectations and cultural attitudes, and that Beneficiaries are informed and comfortable with the Assessment approach.

A.6. Describe your company's plan for ensuring that persons conducting the assessment/screens are not related by blood or marriage to the individual or to any paid caregiver of the individual, financially responsible for the individual, empowered to make financial or health-related decision of behalf of the individual, and would not benefit financially from the provision of assessed needs.

Our Human Resources Department screens each applicant thoroughly for potential conflict of interest (COI) as defined by each contract prior to any offer of employment. Our Corporate Compliance officer has established a rigorous pre-screening, hiring and scheduling processes to avoid conflicts. For this scope of work common conflicts encountered include:

- Relationship by blood or marriage to a beneficiary or paid caregiver.
- Financial responsibility for the individual.
- Ability to make financial or health-related decisions on behalf of the individual.
- Financial benefit from delivery of services based on assessed needs.

These specifications prohibit assigning an Assessor who is a relative of the individual or who is or has a relationship with a paid caregiver, legal representative, or direct service provider.

We will document these factors in the applicants file during the hiring process, and make them accessible to supervisors who assign assessments for individual beneficiaries through online staff profiles. Prior to making the assignment, the Assessor will complete a certification that documents the absence of any such relationships with the specific Beneficiary. We will maintain these certifications with the assessments, and make them available to the responsible Division on request in either hardcopy or electronic format.

A.7 Describe your company's plan to maintain the capacity to provide clinical consultation to assessors during the assessment/screening process.

There are three essential components to meeting this requirement:

1. Availability of qualified clinical staff to provide consultation.

Our staffing plan includes specific positions for Physician Advisors, and our Project Plan includes the tasks and timeframes to recruit and hire or contract with relevant clinicians. In addition to the Medical Director, who will be a Board-certified physician licensed in Arkansas, the Physician Advisors will be available during office hours as required. In addition to these individuals, we contract with a national panel of over 2,500 physicians and allied health professionals to provide expert consultation in all specialty areas. Access to these experts will be through the Arkansas Medical Director. Assessors will contact the Medical Director, and if further information is needed, the Medical Director will arrange for a consultation with members of our panel as indicated by the clinical nature of the issue.

2. Plentiful access to regional supervisors and senior reviewers
3. Policies, Procedures, and Training to access clinical consultants

We combine these elements in a practical plan to assure that Assessors seek clinical consultation from the Medical Director or specialty physicians, local supervisors and senior Assessors for reviews that accurately reflect all aspects of clinical and functional status, resources, capabilities, and service needs of beneficiaries.

Plan to use Clinical Consultation

The availability of resources does not necessarily mean staff will use them appropriately. Our policies and procedures will provide direction on seeking clinical consultation, and training will reinforce the process Assessors will use. We anticipate that, for example, Assessors may need consultation regarding:

- Clarification of a medical or behavioral health diagnosis.
- Interpretation of physician orders and/or medical records.
- Discussion of questions regarding Tier Determinations.

Assessors will contact the Medical Director or Psychiatrist by telephone or secure email for consultation when they have a question, and notify their supervisors about the contact. The Supervisor will follow-up within one business day to ensure a response to the question or concern. Regardless of the policies and procedures, Assessors will be able to access our clinical consultants according to their own judgment, and we will encourage Assessors to reach out to their supervisors and physician staff as needed.

DAAS

B.1. Describe your plan for hiring a sufficient number of qualified registered nurses who will administer all DAAS assessments to complete the requirements of this RFP beginning at Go-live.

Plan for Hiring Sufficient RNs

Over the past 30 years, Company has perfected our proprietary system for accurately estimating the staffing requirements based on volume assumptions for assessments and the average length of time required to conduct an assessment. We also factor in average travel times, and adjust our estimate when we receive information on the geographic location of individuals eligible for assessment. This allows us to identify the number of qualified staff, in this case Registered Nurses, who will administer DAAS assessments to complete RFP requirements.

We plan to take full advantage of the seasoned nurses who conduct these assessments now, and we will provide first refusal rights to current DAAS employees. The availability of trained and experienced staff to initiate assessments is an important benefit. With responsibility for over 30,000 face-to-face assessments on an annual basis, we have a proven recruiting and staffing model that ensures we have sufficient staff to maintain performance regardless of fluctuations in volume or other variables that affect the staffing approach, such as travel time. For example, during a recent change in regulations, our Florida team experienced double the number of referrals for assessment on a weekly basis. We expanded staffing by only one FTE, adjusted schedules and assignments, and maintained a turnaround time of four days per assessment.

To achieve this performance, we using following approach:

- Assigning a local Human Resources staff member locally in Arkansas, to support recruiting, screening, and hiring.
- Combining employee and contractor staffing for flexibility and regional coverage.
- Over-hiring of consultant staffing to ensure availability for a given assessment/screening.
- Cross-training qualified staff on different assessment instruments and populations to increase flexibility and optimize staff time.
- Building in redundancy in staffing for Arkansas-licensed staff where required and other staff, such as staff with four year degrees to perform DDS assessments.

Our process of continuous recruitment, training, and deployment allows us to maintain a sufficient workforce for each project we conduct. We will recruit individuals in four regions to account for assessment requirements. A flexible staffing pattern and careful management of scheduling will enable us to maintain the timeliness of assessments and ensure reliability. Key features of our solution include:

- FTE's located strategically throughout Arkansas
- Locally recruited and positioned leadership; all management of this contract will be just 10 minutes away from DHS. This approach improves local knowledge and communication, making our staffing and regional assignments more precise and accurately reflecting expected workload.

- Across all contracts, an average 99% timeliness for the past 5 years. This achievement indicates that our evaluation of workload requirements is accurate across multiple contracts and contract terms, assuring DHS that we will have a sufficient number of staff to complete the scope of work.
- Smart, system-enabled workflow that reduces the level of effort – for example, reducing turnaround from 45 Days to 4 Days for California’s Level II assessments. The availability of this system improves Assessor ability to meet requirements and encourages retention of staff by reducing burnout caused by inefficient systems.
- An average employee tenure over 15 years with an impressive retention rate of >90% ...significantly superior to the national average of 73%. This aspect of our approach reduces inefficiencies and loss of program knowledge caused by turnover and improves our ability to continuously staff the project with qualified individuals.

B.2. Describe your company’s proposed plan to offer right of first refusal for employment to all currently employed DAAS-registered nurses before seeking to hire staff elsewhere for the completion of assessments. If your company has participated in a similar hiring process previously, please describe how you conducted it.

We used the right of first refusal hiring approach successfully on 10 successful implementations in the past five years alone.

Our plan includes the following six steps:

1. Review the positions and qualifications agreed to by contract, and formulate job descriptions approved by the client.
2. Review resumes of current staff to match contractual requirements captured in the job descriptions.
3. Obtain credentialing information for licensed staff and background checks from current employer if current and relevant
4. If there are more existing staff than required by contract, conduct interviews and offer positions to the most qualified staff members.
5. Extend offers to existing staff who have the right to accept or reject the position. If they reject, we determine if other existing staff in similar positions are qualified and interested.
6. Post any positions remaining open for external hire

With the transition of 34 state QIO contracts to the centralized BFCC, we also used the same approach for employees from several single state QIOs. From our experience in multiple states and contracts, we developed an organized management approach that assures DHS their staff members can transition to our employment.

B.3. Describe any additional staffing requirements based on the assessment tool you are proposing for DAAS and how your company will ensure these requirements are met.

We are proposing the same InterRAI instrument DAAS currently uses, there are no additional staffing requirements.

B.4. Describe how your staff will receive referrals for assessments, conduct assessments in the field, and use the assessment results to make a Tier Determination.

[Figure E.3-6](#) presents a high-level overview of the assessment process, using these symbols:

This process occurs routinely for every assessment

 This process may occur, for example, requesting additional materials if the information packet is not complete

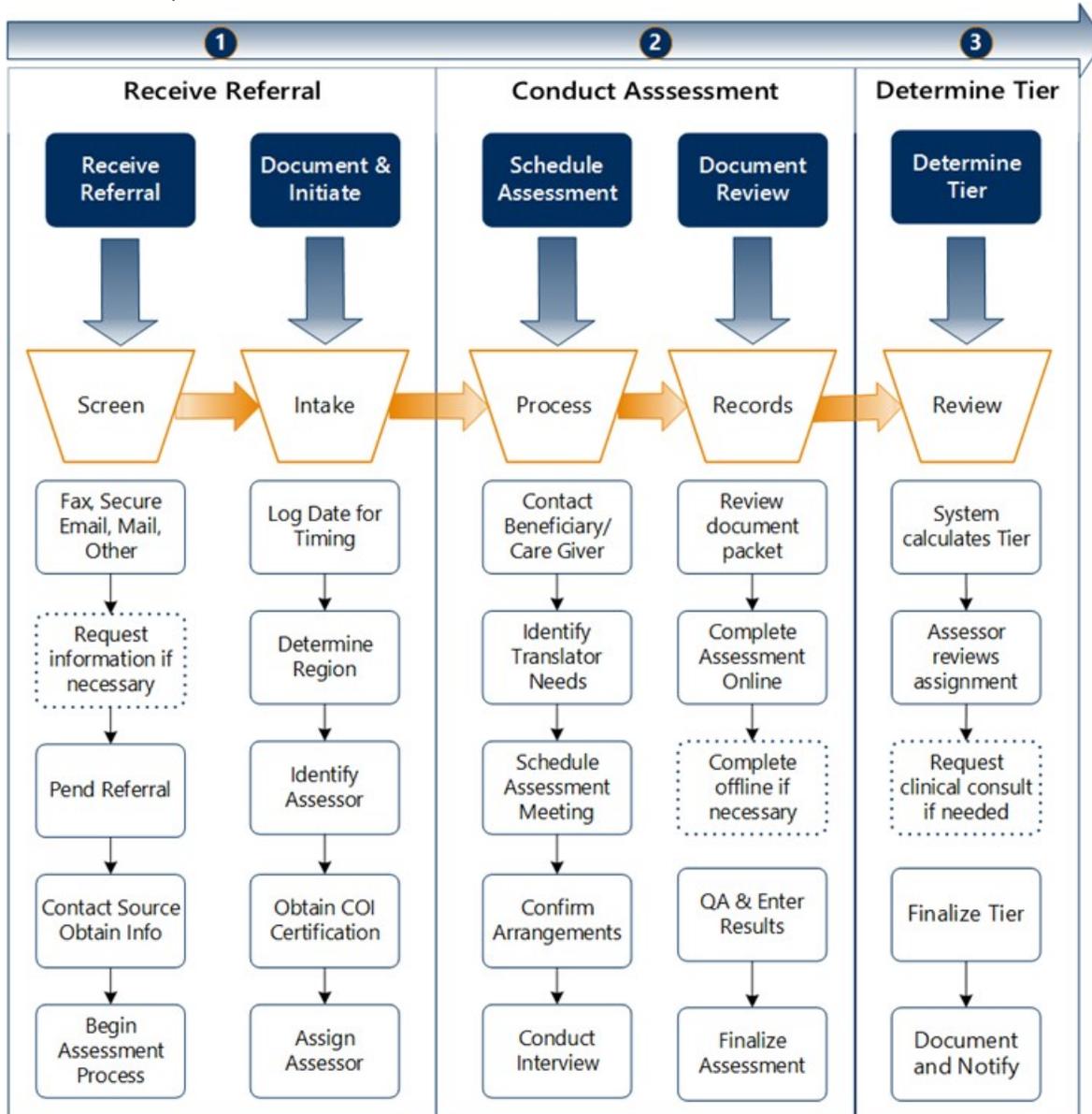


Figure E.3-6: High Level Workflow for Assessment of DAAS Population

We developed this process to support efficient field-based activities over six years ago in a large project for the Commonwealth of Pennsylvania, in which we provided field-based assessments and care coordination for 70,000 Aged & Disabled Waiver enrollees with chronic conditions, stratified into tiers based on assessed health status and service needs. This project achieved a return on investment of 6:1 as well as reducing readmissions by 26.9% and emergency department utilization by 50% within a six-month measurement period during 2012.

Receiving Referrals

We will accept referrals from DAAS in any format, including:

1. Notification through the LTSS system with an update to the beneficiary's record.

2. Secure email from DAAS
3. Facsimile transmission
4. Notification from beneficiary provider
5. Telephone referral
6. Notice of enrollment
7. Hardcopy mail notification

Administrative staff in the Arkansas office will enter the referral in the system if it is received in formats described in items 2-7 above. When entry is complete, the record is active and timing begins for completion of the assessment.

The system will make an initial Assessor Assignment depending on the beneficiary's regional location and notify the Assessor electronically. The Assessor will then certify that no relationships exist that would present a conflict of interest with the specific beneficiary. If a conflict exists, the Supervisor will assign another Assessor and obtain certification of independence as required.

Once assigned, the Assessor is responsible to contact the beneficiary or designated individual and schedule the Assessment, following the protocol to contact beneficiaries and obtain access for the interview.

We will finalize the accepted methods for referrals during implementation and incorporate those methods into our training program for stakeholders, agency staff, and providers to ensure all stakeholders are aware of approved referral methods.

Conducting the Assessment

Once we receive a referral, we use the following steps to initiate and complete an assessment and Tier Determination:

- 1) Review the referral and ensure we have accurate and complete information. If not, we will request information from the referral source to complete the referral. We suspend processing of the referral until we receive the information, which normally suspends the timeframes for completion as well.
- 2) Once information is complete, we document the receipt date. This date is the start date that we use in managing the timeliness of assessment.
 - a. Based on the beneficiary's location, we document the region for the assessment, and locate an Assessor in that region.
 - b. For each Assessor assignment, we require completion of a conflict of interest certification, as we describe in response to item A.6. If an Assessor has a conflict, we assign the next available Assessor.
- 3) Schedule the assessment including:
 - a. Contacting to the beneficiary, caregiver, or other individual who can agree to arrangements on behalf of the beneficiary.
 - b. Validating the need for communication assistance, and arrange for a translator if necessary.
 - c. Scheduling the meeting at a time, date, and location convenient to the beneficiary.

- d. Prior to the assessment meeting, the Assessor contacts beneficiary again to confirm the assessment and any arrangements the beneficiary needs.
 - e. The Assessor conducts the face-to-face interview.
- 4) The Assessor completes review of the document packet to finalize the assessment. We understand that DAAS will facilitate access to the documents required for this purpose. In discussions with InterRAI regarding the assessment process, we understand that Assessors can review the document packet before conducting the face-to-face. We will use the process that DAAS prefers in scheduling document review and interviews.
- f. We will conduct the document review and enter interview results online into the LTSS system using a laptop or other mobile device.
 - g. If Assessors cannot connect to the Internet, they have the option of entering interview results and document review findings into an offline form. The system will automatically upload the data the next time Assessors connect their devices to LTSS.
 - h. The Assessor will review the results in a quality assurance step to ensure the assessment is complete and accurately reflects the status and service needs of the beneficiary. During implementation, supervisors and/or clinical consultants will conduct quality assurance review of every assessment. Since the system will be new even to experienced DAAS Assessors, this step will help ensure that every assessment meets our high standards for accuracy and quality.
 - i. Once quality assurance is complete, we will finalize the assessment.

Tier Determination

- 5) The system calculates the service Tier, based on Tier Determination criteria we establish with DAAS during implementation.
- j. Assessors will review the automatic Tier Determinations, and if they have questions, they will follow our protocol and request a clinical consultation. Physician Advisors will have the ability to override the automated Tier Determination as approved in advance by DAAS.
- k. On completion of the Tier Determination, we will document our findings, close the assessment, and issue notifications to responsible parties.

DAAS will be able to review the assessment online through 24/7 access to beneficiary records and reporting Dashboards. Additionally, we will submit monthly and other reports that describe activities and summarize our findings.

B.5. Describe your policies and procedures for staff who will have contact with Beneficiaries in the field.

As an organization with URAC accreditation for programs related to conducting assessments, we have corporate standards for face-to-face interactions with individuals. Policies and procedures described here will meet contract-specific requirements. We apply six major policies and procedures for staff with Beneficiary contact in the field.

1. **Safety and legal measures for Assessors and beneficiaries to prevent injury or harm.** We also incorporate any state regulatory requirements for a duty to warn or protect individuals at risk.
2. **Mandatory reporting.** This policy and procedure ensures that Assessors follow state requirements for mandatory reporting of suspected or reported child, dependent adult, or elder abuse we uncover in

conducting an Assessment. Our staff rigorously follow all state requirements to report abuse within required timeframes.

3. **Interactions with individuals in isolation.** In some cases, individuals may not be available for assessment based on the presence of medical or other conditions which require isolation. Our procedure depends on the type of isolation.
4. **Isolation non-therapeutic contact.** If for some reason individuals cannot safely interact outside their treatment teams, we will suspend the assessment, notify the appropriate Division (for example DBHS), and resume the procedure when individuals can participate.
5. **Reverse isolation.** This procedure protects individuals from others, and therefore it may be possible to safely conduct an assessment.
6. **Medical isolation.** If the individual has a contagious medical condition, we will suspend the assessment until the individual can safely receive visitors.

DBHS

C.1. Describe your plan for hiring a sufficient number of qualified staff or registered nurses who will administer all DBHS assessments to complete the requirements of this RFP beginning at Go-live.

We build an estimate of the staffing requirements based on volume assumptions for assessments and the average length of time required to conduct an assessment. We also factor in average travel times, and adjust our estimate when we receive information on the geographic location of individuals eligible for assessment. This analysis allows us to identify the number of qualified Registered Nurses, who will administer DBHS assessments to complete RFP requirements.

To achieve this performance, our plan includes:

- Assigning a local Human Resources staff member locally in Arkansas, to support recruiting, screening, and hiring.
- Combining employee and contractor staffing for flexibility and regional coverage.
- Cross-training qualified staff on different assessment instruments and populations to increase flexibility and optimize staff time.
- Building in redundancy in staffing for Arkansas-licensed staff where required and other staff, such as staff with four year degrees to perform DDS assessments.

Our process of continuous recruitment, training, and deployment allows us to maintain a sufficient workforce for each project we conduct. We will recruit individuals in four regions to account for assessment requirements. A flexible staffing pattern and careful management of scheduling will enable us to maintain the timeliness of assessments and ensure reliability. Key features of our approach include:

- FTE's located strategically throughout Arkansas
- Locally recruited and positioned leadership; all management of this contract will be just 10 minutes away from DHS. This approach improves local knowledge and communication, making our staffing and regional assignments more precise and accurately reflecting expected workload.
- Across all contracts, an average 99% timeliness for the past 5 years. This achievement indicates that our evaluation of workload requirements is accurate across multiple contracts and contract terms, assuring DHS that we will have a sufficient number of staff to complete the scope of work.
- Smart, system-enabled workflow that reduces the level of effort – for example, reducing turnaround from 45 Days to 4 Days for California's Level II assessments. The availability of this system improves Assessor ability to meet requirements and encourages retention of staff by reducing burnout caused by inefficient systems.

- An average employee tenure over 15 years with an impressive retention rate of >90% ...significantly superior to the national average of 73%. This aspect of our approach reduces inefficiencies and loss of program knowledge caused by turnover and improves our ability to continuously staff the project with qualified individuals.

C.2. Describe any additional staffing requirements based on the assessment tool you are proposing for DBHS and how your company will ensure these requirements are met.

We propose to staff DBHS assessments with non-licensed staff with Bachelor's or Master's Degrees who have at least one year of experience with mental health. Based on using the interRAI Community Mental Health and interRAI Child and Youth Mental Health, we do not anticipate additional staffing requirements.

C.3. Describe how your staff will receive referrals for assessments, conduct assessments in the field, and use the assessment results to make a Tier Determination.

We will follow the overall process we outline in Figure E.3-7, with the exception in Step 3 that we will make recommendations for the Tier, which will be determined by DBHS or its designee.

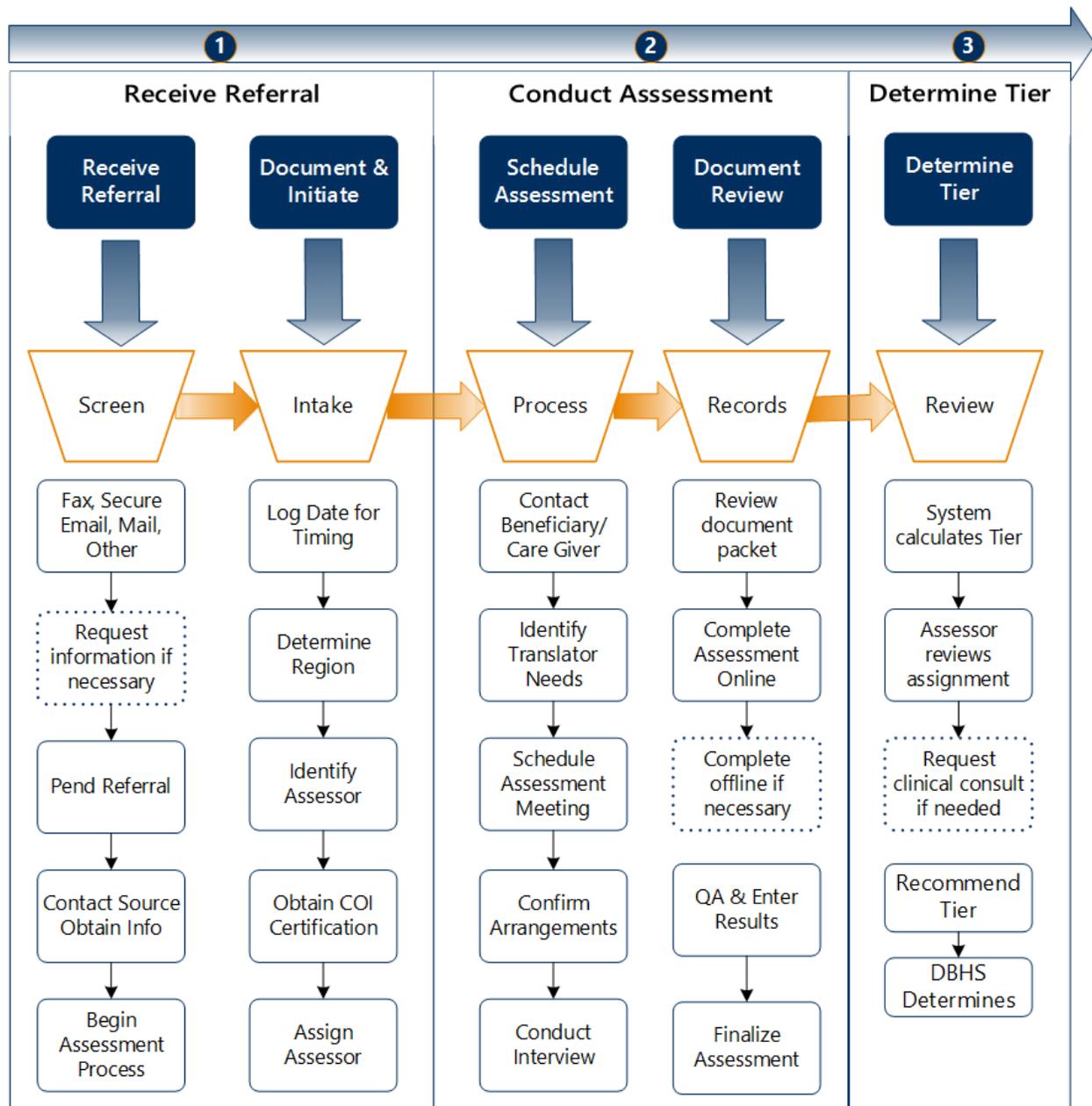


Figure E.3-7: Overview of Assessment Process - DBHS

C.4 Describe your policies and procedures for staff who will have contact with Beneficiaries in the field.

As an organization with URAC accreditation for programs related to conducting assessments, we have corporate standards for face-to-face interactions with individuals. Policies and procedures described here will meet contract-specific requirements. We apply six major policies and procedures for staff with Beneficiary contact in the field.

1. **Safety and legal measures for Assessors and beneficiaries to prevent injury or harm.** We also incorporate any state regulatory requirements for a duty to warn or protect individuals at risk.
2. **Mandatory reporting.** This policy and procedure ensures that Assessors follow state requirements for mandatory reporting of suspected or reported child, dependent adult, or elder abuse we uncover in

conducting an Assessment. Our staff rigorously follow all state requirements to report abuse within required timeframes.

3. **Interactions with individuals in isolation.** In some cases, individuals may not be available for assessment based on the presence of medical or other conditions which require isolation. Our procedure depends on the type of isolation.
4. **Isolation non-therapeutic contact.** If for some reason individuals cannot safely interact outside their treatment teams, we will suspend the assessment, notify the appropriate Division (for example DBHS), and resume the procedure when individuals can participate.
5. **Reverse isolation.** This procedure protects individuals from others, and therefore it may be possible to safely conduct an assessment.
6. **Medical isolation.** If the individual has a contagious medical condition, we will suspend the assessment until the individual can safely receive visitors.

DDS

D.1. Describe how your company will utilize the most highly qualified standard of assessor/screener as defined by the instrument/screen or suite of instruments being used describe your plan for hiring a sufficient number of qualified assessors to complete the requirements of this RFP beginning at Go-live.

We build an estimate of the staffing requirements based on volume assumptions for assessments and the average length of time required to conduct an assessment. We also factor in average travel times, and adjust our estimate when we receive information on the geographic location of individuals eligible for assessment. This allows us to identify the number of qualified staff who will administer DDS assessments and Developmental Screens to complete RFP requirements.

There is an advantage for DDS assessments in that there is currently a vendor that conducts these assessments, and we will provide these employees with the opportunity to join our team. The availability of trained and experienced staff to initiate assessments is an important benefit. With responsibility for over 20,000 face-to-face assessments on an annual basis, we have a proven recruiting and staffing model that ensures we have sufficient staff to maintain performance regardless of fluctuations in volume or other variables that affect the staffing approach, such as travel time. For example, during a recent change in regulations, our Florida team experienced double the number of referrals for assessment on a weekly basis. We expanded staffing by only one FTE, adjusted schedules and assignments, and maintained a turnaround time of four days per assessment.

To achieve this performance, we using following approach:

- Assigning a local Human Resources staff member locally in Arkansas, to support recruiting, screening, and hiring.
- Combining employee and contractor staffing for flexibility and regional coverage.
- Over-hiring of consultant staffing to ensure availability for a given assessment/screening.
- Cross-training qualified staff on different assessment instruments and populations to increase flexibility and optimize staff time.
- Building in redundancy in staffing for Arkansas-licensed staff where required and other staff, such as staff with four year degrees to perform DDS assessments.

Our process of continuous recruitment, training, and deployment allows us to maintain a sufficient workforce for each project we conduct. We will recruit individuals in four regions to account for

assessment requirements. A flexible staffing pattern and careful management of scheduling will enable us to maintain the timeliness of assessments and ensure reliability. Key features of our solution include:

- FTE's located strategically throughout Arkansas
- Locally recruited and positioned leadership; all management of this contract will be just 10 minutes away from DHS. This approach improves local knowledge and communication, making our staffing and regional assignments more precise and accurately reflecting expected workload.
- Across all contracts, an average 99% timeliness for the past 5 years. This achievement indicates that our evaluation of workload requirements is accurate across multiple contracts and contract terms, assuring DHS that we will have a sufficient number of staff to complete the scope of work.
- Smart, system-enabled workflow that reduces the level of effort – for example, reducing turnaround from 45 Days to 4 Days for California's Level II assessments. The availability of this system improves Assessor ability to meet requirements and encourages retention of staff by reducing burnout caused by inefficient systems.
- Average employee tenure is over 15 years with a retention rate of >90% which is ...significantly higher than the national average of 73%. This aspect of our approach reduces inefficiencies and loss of program knowledge caused by turnover and improves our ability to continuously staff the project with qualified individuals.

Monitoring Sufficient Staffing Levels

We monitor our staffing levels by using our monthly operational reports. If timeliness, customer service, call center statistics or quality of work decrease in any way, we will embellish the current staffing levels.

For DDS, the minimum qualifications for Assessors for DDS populations is a QDDP with at least two years of experience. These qualifications provide the fundamental standard for individuals considered for Assessors. We consider individuals highly qualified who have experience, credentials, and references that demonstrate their understanding of individuals with IDD and demonstrated commitment to person-centered planning and individual choice. We will review the job description for this important position with DDS and recruit and hire individuals to fill assessment positions once DDS approves the description.

D.2. Describe your company's plan to ensure that all assessors have at least two (2) years' experience with the developmental/intellectually disabled population and meet any additional requirements of a Qualified Developmental Disability Professional (QDDP).

Our corporate Human Resources Department, and local Human Resources professional dedicated to the Independent Assessments, will screen all applicants against the approved job description. We validate credentials for applicants prior to considering for hire. We further ensure that we select the most appropriate individuals through interviews with representatives from our West Virginia and Pennsylvania contracts, which include a scope of work specific to individuals with IDD.

D.3. Describe the respective requirements for assessors/screeners that each instrument/screen you are proposing in this RFP mandates.

We propose the InterRAI Child and Youth Intellectual/Developmental Disability and the Intellectual Disability instruments for the DDS populations. The requirements we specify for Assessors are sufficient to conduct assessments using these instruments.

D.4. Describe your company's plan to provide documentation of assessor/screener qualifications to DDS.

We will make resumes and background check information available to DDS upon request. These credentials will provide evidence of the qualifications of our proposed Assessors.

D.5. Describe your company's process to ensure that all relevant training and/or certification required for use of instrument/screen be maintained throughout the life of this contract.

Assessors will meet these General Qualifications for Assessors:

- Minimum one (1) year of experience working directly with designated populations
- Ability to request and verify information from individuals being assessed
- Provide Cultural sensitivity to individuals being assessed
- Necessary knowledge, skills and abilities to successfully perform and manage Independent Assessments.
- Linguistic competency in the Beneficiary's primary language and verify information
- Not being related by blood or marriage to the individual or to any paid caregiver of the individual

We ensure that all Assessors meet contract requirements such as these through our proven hiring and management procedures. Using the following four procedures, thousands of Assessors have successfully completed more than 20,000 accurate, timely, and complete face-to-face assessments every year with populations similar to those in Arkansas.

1. Development and approval of Assessor Job Descriptions tailored to the specific requirements of each contract. For this project, qualifications differ depending on the populations served by the three participating Divisions (DAAS, DBHS, and DDS).
2. Detailed screening by experienced Company Human Resource staff to ensure applicants meet the required qualifications established in the RFP and corporate policies for similar positions.
3. Careful review by Operations executives and managers to evaluate the extent to which qualified applicants meet our expectations for exemplary customer service attitudes and experience, including culturally competent language and behaviors. Our clients recognize our management team for these factors. They contribute to our successful long-term client relationships, averaging over 15 years' tenure with state and federal agencies. This experience helps to ensure we accurately assess that successful applicants have the knowledge, skills, and abilities to perform.
4. Certification by the Assessor regarding linguistic capabilities and relationships to program beneficiaries. We document these characteristics for each Assessor and make this information available to supervisors as part of roster of staff.

For individuals who we hire as employees or contractors, we document language proficiencies and any relationships with beneficiaries or caregivers. Additionally, prior to assigning an individual to a specific assessment, we verify and document the Assessor's ability to communicate in the Beneficiary's primary language and the existence of any relationships by blood or marriage with the individual, paid caregivers, or others contributing to the assessment. If the Assessor has such a relationship to the specific Beneficiary, we assign another Assessor and complete the same documentation. If the Assessor is unable to communicate in the Beneficiary's primary language, we either assign another Assessor or arrange for interpreter or other linguistic assistance as needed.

In addition to this credentialing process, we use an automated system, Compliance360, to document and track certification, training, and other requirements at the contract level, and report to contract and corporate management on compliance with these requirements.

DDS will be able to view compliance reports through our automated online Dashboard, and verify that all training and certification standards are current for each staff member.

D.6. Describe any additional staffing requirements based on the assessment instrument(s)/screening tool(s) you are proposing for DDS.

Our selection of the InterRAI instruments does not mandate additional staffing requirements.

D.7. Describe how your staff will receive referrals for assessments, conduct assessments in the field, and use the assessment results to make a Tier Determination.

Our overall process applies to assessments conducted for other populations, with the following exceptions that we show in Figure E.3-8:

- DDS or its designee will make final Tier Determinations; the results of the assessment will be transmitted to DDS for this purpose.
- We will conduct assessments for HCBS Waiver Beneficiaries every three years unless a life event triggers the need for an assessment.
- We will conduct developmental screens to inform physicians regarding the need for a referral to Child Health Management Services and/or Developmental Day Treatment Clinic Services for children who graduated from one of the programs or who were discharged and seek re-entry (with the exception of children who have a diagnosis of a medical condition specified by DDS).

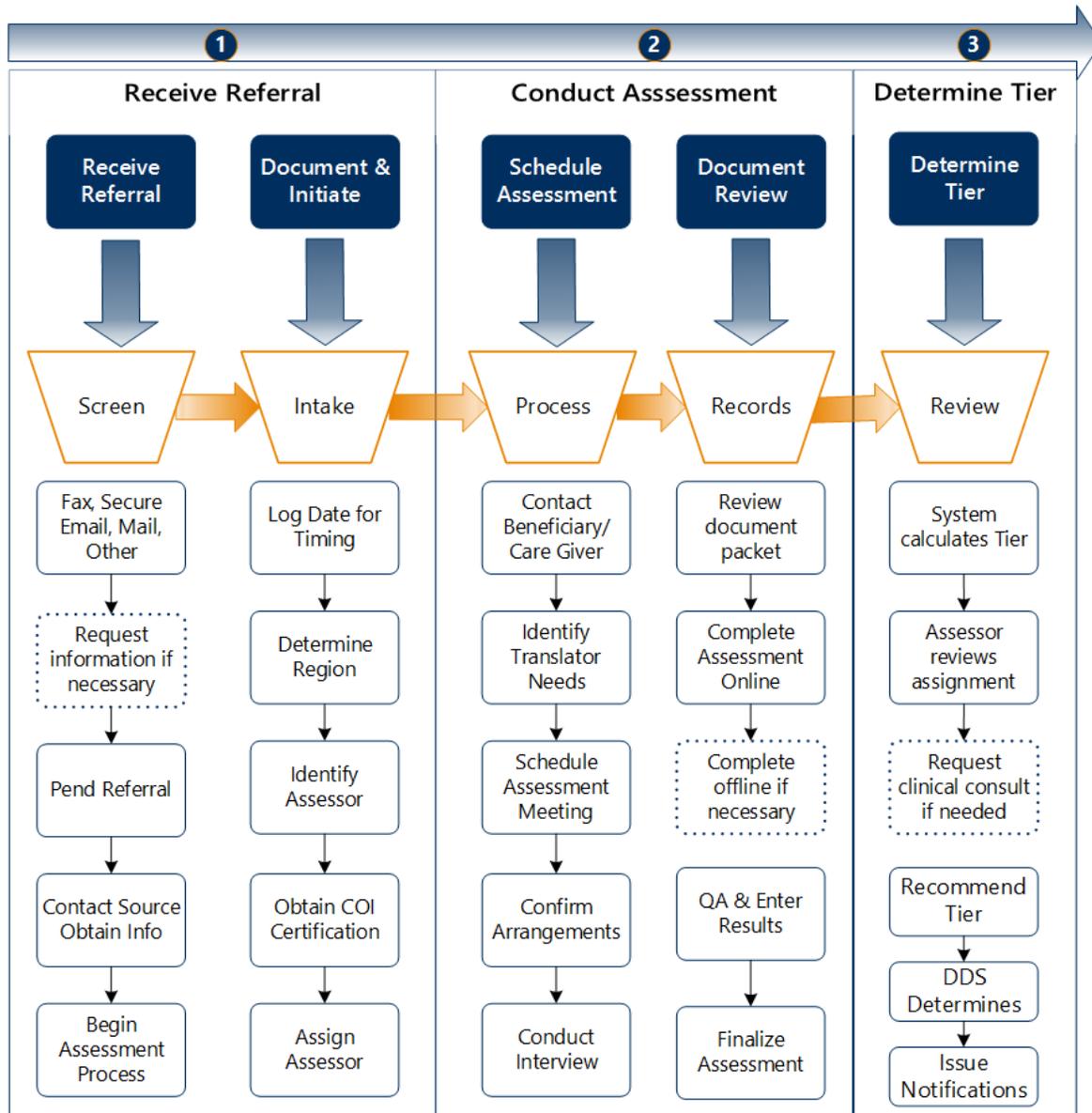


Figure E.3-8: Overview of Assessment Process - DDS

D.8. Describe your policies and procedures for staff who will have contact with Beneficiaries in the field.

As an organization with URAC accreditation for programs related to conducting assessments, we have corporate standards for face-to-face interactions with individuals. Policies and procedures described here will meet contract-specific requirements. We apply seven major policies and procedures for staff with Beneficiary contact in the field.

1. **Safety and legal measures for Assessors and beneficiaries to prevent injury or harm.** We also incorporate any state regulatory requirements for a duty to warn or protect individuals at risk.
2. **Mandatory reporting.** This policy and procedure ensures that Assessors follow state requirements for mandatory reporting of suspected or reported child, dependent adult, or elder abuse we uncover in conducting an Assessment. Our staff rigorously follow all state requirements to report abuse within required timeframes.

3. **Interactions with individuals in isolation.** In some cases, individuals may not be available for assessment based on the presence of medical or other conditions which require isolation. Our procedure depends on the type of isolation.
4. **Isolation non-therapeutic contact.** If for some reason individuals cannot safely interact outside their treatment teams, we will suspend the assessment, notify the appropriate Division (for example DBHS), and resume the procedure when individuals can participate.
5. **Reverse isolation.** This procedure protects individuals from others, and therefore it may be possible to safely conduct an assessment.
6. **Medical isolation.** If the individual has a contagious medical condition, we will suspend the assessment until the individual can safely receive visitors.

E.4 INFORMATION TECHNOLOGY PLATFORM

We reduce project risk and increase project effectiveness with a proven IT platform and supporting operational processes and plans used on highly relevant transformation and assessment projects.

DHS places significant emphasis on a proven IT platform and supporting plans, processes, and tools to satisfy all platform RFP requirements before the go-live date.

Our IT system (eLTSS) has been implemented successfully in 35 similar transformation and assessment projects using best practice ITIL, ISO, and CMMI Level 3 processes and tools.

We apply more than 15 years of highly relevant to develop and implement comprehensive plans based on HIPPA, NIST, and other industry standards to meet project goals and objectives.

Our proven IT Platform and Industry Best Practices and Tools Reduce Risk and Increase project Effectiveness

- FEi's eLTSS system implemented in 35 States and counties exceeds RFP requirements
- 8 configurable eLTSS assessment and screening instruments (interRAI HC and 40 others)
- Dynamic Form Builder used to implement instruments in parallel with core eLTSS implementation
- 3 customized tier level determination process for each DHS agency
- 12-hour help desk provides Tier 1 and 2 assistance within 4 hours via 3 communication channels
- Best practice tools for reporting/tracking and call recording, statistics, and scripting

A.1. Describe your company's IT Platform and your plan for implementing and operating an IT platform capable of the management and administration of the Independent Assessment Instruments, Developmental Screens, and Tier Determinations in accordance with the requirements set forth in RFP.

We are proposing our established and proven IT platform and solution that has functionality that will exceed the Request for Proposal (RFP) requirements. We have implemented a common electronic application platform eLTSS that supports complete waiver management workflows including screening and assessment. We understand that the focus of this RFP is on screening and assessment capability. We will customize the solution with the selected modules to ensure that the users are able to use these capabilities of our proposed solution. This IT platform and solution will have multiple components as shown in the diagram below in [Figure E.4-1](#).

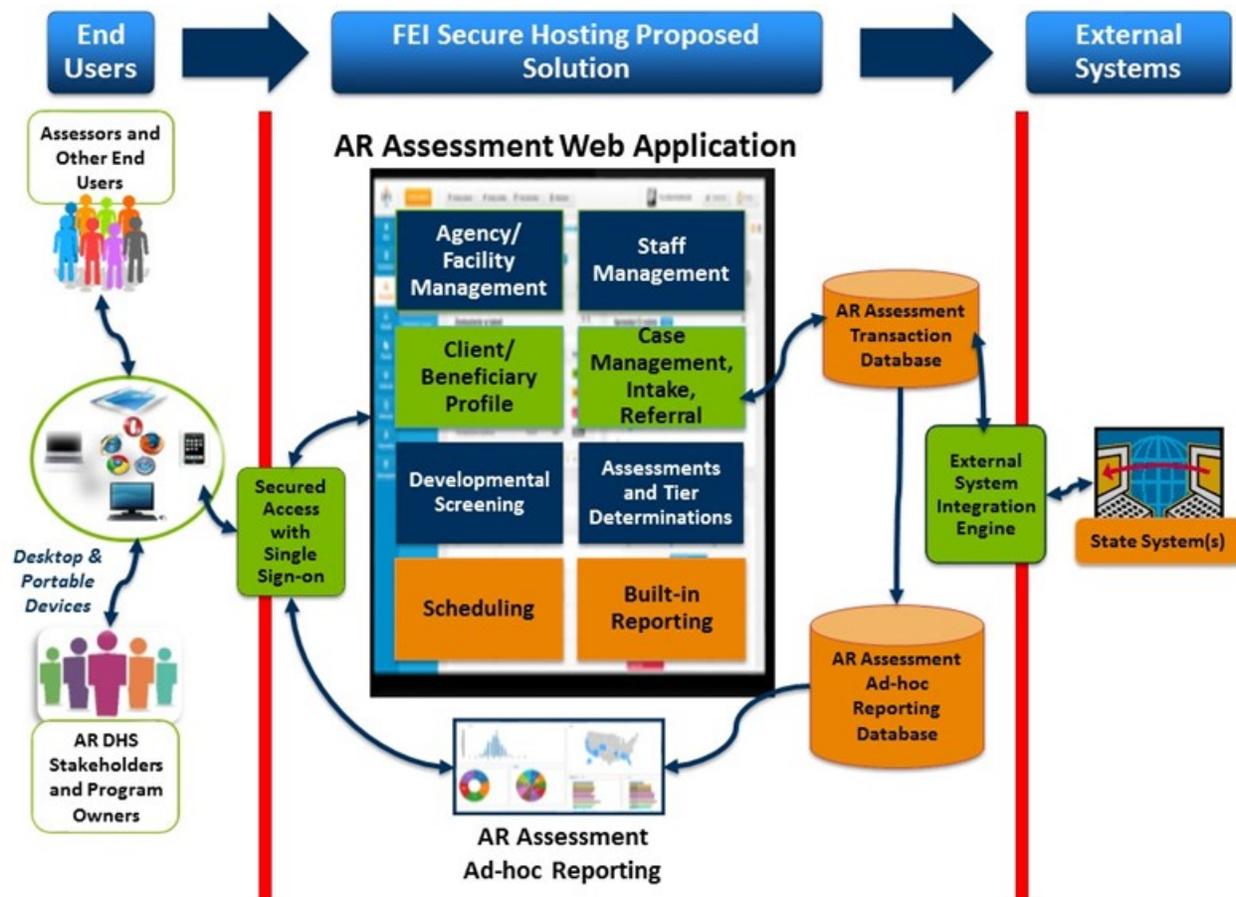


Figure E.4-1: IT Platform Components

The key components in the figure are as follows:

a) Arkansas Assessment System - Web Application

This is the main component of the information technology platform. It provides an easy-to-use interface for all agencies/staff roles and business functions to help them manage their day-to-day tasks including:

- **Agency/facility management:** This module is to add/edit/maintain agencies including state agencies, and assessment agencies
- **Staff management:** This module is to add/edit/maintain staff persons under above mentioned agencies and either access the system and/or part of the workflow.
- **Client/beneficiary profile:** This module is to add/view/edit client/beneficiary information including demographics and eligibility information
- **Case management:** This module is to keep track of tasks/activities related to the client case including intakes and referrals.
- **Developmental Screen:** This module will allow management and administration of developmental screening requirements for the Developmental Day Treatment Clinic Services (DDTSC) and Child Health Management Services (CHMS) children programs
- **Assessments and Tier Determinations:** This module will allow management and administration of multiple assessments needed for all Division of Aging and Adult Services (DAAS), Division of Behavioral Health Services (DBHS) and Division of Developmental Disabilities Services (DDS) programs.

- **Scheduling:** This module allows scheduling appointments for the conducting assessment and screening as well as automated scheduling/reminder for the reassessment
- **Built-in Reporting:** Our solution has several built-in reporting that will be configured to provide operational reporting and performance management for Arkansas Department of Human Services (DHS) workflows

Additional details about these modules and capabilities are discussed in other sections.

Our proposed web application solution and design is based on a simple, user-friendly interface, employing industry-standard UI design with tabs and left navigation. The application has responsive UI design implemented with the latest HTML5, JQuery, CSS3 technologies. The benefit is an intuitive user-friendly experience that both increases the user's understanding of the software as well as expedites the users' process for completing work. This solution is fully compliant with Section 508 guidelines. Our UI designers and developers actively work with disabled personnel during the initial testing and verification with their screen reader so potential issues would be identified and resolved before the system goes live.

The system shows separate tabs for Clients, My Lists, Alerts and Reports depending on user's permissions. Besides the standard tabs of information mentioned above, users can access agency and staff administration, user's own profile, user directory, document library, system and database administration, services configuration/setup, feedback log and account authorization functions via top level navigation menu depending on permissions. When a user selects specific functions; for example select a client, the system allows more detailed navigation via the left navigation menu that is dynamically changed based on the context selected and the status.

Our solution also supports offline capabilities for the assessment, screening and other instruments as required. This capability utilizes the industry standard HTML5 local client storage methods such as IndexedDB and Local Storage. This allows users to complete assessments on their mobile device (for example tablet or laptops) without Internet connectivity and synchronize instrument data to the web application when there is an Internet connection. The user interface screens and validation rules are exactly the same for offline or online data entry so users do not have to learn two different ways of entering data.

b) Arkansas Assessment System – Ad-hoc Reporting

The web application will have several built-in standard reports that will be configured based on state-specific requirements. However, we also understand that many times the business owners need to find answers based on specific criteria on an ad-hoc basis.

We have implemented an ad-hoc reporting solution for all of our current state/county customers, as well as several federal agencies. This is one of the key differentiators of our product solution, as data is readily available in an organized manner with business terms so the business users can build tabular, cross-tab reports or charts as required. We implement this function using Microsoft SQL Server Reporting Services (SSRS) and Power BI, which provides an easy-to-use Report Builder interface.

Once an ad-hoc report is developed, it can be shared with other authorized users through a folder structure that the state controls. The saved reports can also be subscribed by any user so the system can automatically run the report on scheduled intervals (for example the first of each month) and send the generated report to the targeted recipients. This allows business users to receive reports and charts in their email box, instead of needing to log in and run the reports. This is a very useful productivity feature that will save significant time and effort due to proactive distribution. In addition, users can export the reports into Microsoft Word, Excel and PDF format.

c) Arkansas Assessment System External System Integration

We understand that this assessment and screening solution will need to bring certain data from external systems. For example, when a referral is received for conducting a screening or assessment, client/beneficiary information can be imported from external Medicaid waiver or behavioral health case management systems or the state Medicaid Management Information System (MMIS) that has client demographics and other eligibility information. Although this information can be entered manually, it could be error-prone and the client information may be out of sync with the other systems. Our solution can support electronic interfaces with the external systems to acquire the client information in an automated manner as and when there are changes. This will ensure that the client information is always up to date in the assessment system. This integration can be achieved either by using standardized transactions such as ASC X12 278 (Health Care Services Review and Authorization) or custom file interfaces depending on the capabilities supported.

d) Arkansas Assessment System – Transaction Database

Our proposed solution consists of a main transaction database which will be the primary database that stores all operation data from the web application data collection including screening, assessment, scheduling and other case management data used for operational purposes. Our solution uses a very high performance document data store. Our proposed IT platform will also support live mirroring of the database for failover and to prevent any data loss.

e) Arkansas Assessment System Reporting and Analytics Database

While the above mentioned transactional database is designed for transactional data processing, the reporting and analytics database is designed for analysis. The reporting database is built as a traditional relational database with the data structure optimized for the standard reports as well as ad-hoc reporting using SSRS as described earlier. This reporting and analytics database is synced in real-time with the transaction database.

A.2. Provide a comprehensive list of any additional Assessment Instruments/Developmental Screens that the Vendor is capable of managing and administering within the IT Platform, per the requirements of the remainder of Section 3. However, the focus of the Vendor’s proposal in RFP Section 3.1 shall be on the Assessment Instruments/Developmental Screens the Vendor proposes for adoption by the three Divisions, respectively.

We have implemented numerous assessment and screening instruments for the Elderly, ID/DD and behavioral health domain. As shown in, [Table E.4-1](#) our proposed solution is based on the eLTSS platform and has the assessments and screeners built-in that can be easily configured for DHS needs.

Table E.4-1: Assessment and Screening Instruments

Instrument Name	Full Name	Type
interRAI HC	interRAI Home Care	Assessment
interRAI CHA	interRAI Community Health Assessment	Assessment
ICAP	Inventory for Client and Agency Planning	Assessment
SIS (results)	Supports Intensity Scale	Assessment
LTSS Screening	Screening Tool	Screeener
Nurse Monitoring	Nurse monitoring tool to assess and monitor services	Assessment
VIDES	Virginia Individual Developmental Disabilities Eligibility	Assessment
Critical Needs Review	Critical Needs Summary Review	Screeener

In addition to these assessment/screening tools, we have implemented over 40 tools in another system called WITS for the behavioral health domain. [Table E.4-2](#) provides a list of the behavioral health assessments that can be ported into our proposed Arkansas Assessment solution.

Table E.4-2: Proposed Assessments

Tool	Full Name	Type
LOCUS/CALOCUS	(Child-Adolescent) Level of Care Utilization System	Assessment
ASI Lite	Addiction Severity Index - Lite version	Assessment
ADAD	Adolescent Drug Abuse Diagnosis	Assessment
ANSA	Adults Needs and Strengths Assessment	Assessment
ASAM	American Society of Addiction Medicine	Assessment
ASI - MV	ASI - Client input version	Assessment
BHA	Behavioral Health Assessment	Assessment
CAFAS/PECFAS	Child and Adolescent Functional Scale	Assessment
Crisis Placement	Crisis Placement	Assessment
DJS NA	Department of Juvenile Services Needs Assessment	Assessment
DENS ASI	Drug Evaluation Network System Addiction Severity Index	Assessment
FASD	Fetal Alcohol Spectrum Disorder	Assessment
Forensics	Forensic Assessment	Assessment
GAIN	Global Appraisal of Individual Needs	Assessment
GPRA	Government Performance and Results Act	Assessment
IDMH	Idaho Mental Health Assessment	Assessment
JRA	Juvenile Risk Assessment	Assessment
LSI-R	Level of Service Inventory - Revised	Assessment
RSS	Recovery Support Services Assessment	Assessment
SOGS	South Oaks Gambling Screen	Assessment
SOGS-RA	South Oaks Gambling Screen for Adolescents	Assessment
SASSI Adolescent	Substance Abuse Subtle Screening Inventory Adolescent	Assessment
SASSI Adult Female	Substance Abuse Subtle Screening Inventory Adult Female	Assessment
SASSI Adult Male	Substance Abuse Subtle Screening Inventory Adult Male	Assessment
T-ASI	Teen Addiction Severity Index	Assessment
TAP	Treatment Assignment Protocol	Assessment

Many of the tools listed above, will satisfy the majority of the RFP requirements for the Assessment and Developmental Screens instruments out of the box and can be customized to address the remaining requirements. Based on our review of those requirements and our experience with these and other assessment tools, we recommend the instruments shown in [Table E.4-3](#) for the Arkansas Assessment implementation.

Table E.4-3: Proposed Developmental Screen Instruments

Agency	Program	Current Assessment	Proposed Assessment
DAAS	ARChoices Homecare Waiver	InterRAI HC	interRAI HC
DAAS	ALF Waiver	InterRAI HC	interRAI HC
DAAS	PACE program	InterRAI HC	interRAI HC

Agency	Program	Current Assessment	Proposed Assessment
DAAS	Personal Care services program	InterRAI HC	interRAI HC
DAAS	Independent Choices	Not specified	interRAI HC or equivalent
DBHS	Medicaid Beneficiaries with SED (Ages 4-20)	None	interRAI Child and Youth Mental Health
DBHS	Medicaid Beneficiaries with SMI (Adult)	None	interRAI Community Mental Health
DDS	ACS Waiver (for DD)	Not specified	interRAI Intellectual Disability (Adult) interRAI Child and Youth Intellectual/Developmental Disability
DDS	New slots for HCBS waiver (+500 to 900 slots)	Not specified	interRAI Intellectual Disability (Adult) interRAI Child and Youth Intellectual/Developmental Disability
DDS	Public and Private ICF (+200/yr)	Not specified	interRAI Intellectual Disability (Adult) interRAI Child and Youth Intellectual/Developmental Disability
DDS	ICF Transition to HCBS waivers (~50-60/yr)	Not specified	interRAI Intellectual Disability
DDS& DMS	DDTSC and CHMS children programs (+5k/yr)	None	Ages & Stages Questionnaire Third Edition

While not all of the above proposed instruments are implemented in our solution, our solution platform provides extensive capabilities to build and/or configure assessments to satisfy each and every RFP requirement and agency's needs related to these assessments. The platform includes functionality called "Dynamic Form Builder" that allows fast implementation of new assessments, screeners and other survey forms. This tool provides drag-and-drop capabilities to set up a reusable bank of questions/items, sections and templates that are used to build assessments with graphical interface.

The instruments built with this tool can also have customizable validation rules and skip patterns to ensure efficiency and quality in data collection. In addition, the generated forms automatically support offline capabilities described above allowing users to use those instruments without Internet connectivity. These forms will be integrated and deployed as part of the proposed solution platform with appropriate authorization and workflows. This approach will enable users to have seamless experience while using any of these instruments along with other system modules with consistent UI.

A.3. Describe how your IT Platform will meet all requirements in time for the July 1, 2017 Go-Live date.

As described in the previous two sections, we are proposing to leverage our existing solution platform to meet many of the requirements, out of the box. This solution provides many standard capabilities such as Agency management, Staff management, Client profile, Case management, Intake, Referral, Scheduling, Reporting, etc., needed for the Arkansas Assessment solution. In addition, some of the assessments such as the interRAI HC is readily available, out of the box. All of these modules will be configured/customized to ensure that the system matches DHS requirements.

For the instruments that are not already in the system, we will leverage our Dynamic Form Builder to quickly implement those. We can start designing and building these instruments in parallel while the core solution is being configured and customized. Subsequently these instruments will be integrated into the solution platform. We are confident that this configuration and customization process will be completed

within three months from the contract start date of March 1, 2017 allowing one month for acceptance testing and training to go live by July 1, 2017. Earlier this year, we used the same approach to implement a full waiver management system for the State of Virginia within six months. This implementation involved many of the same core modules including end-to-end waiver case management as well as dynamic forms for assessment and screening instruments. Based on our past experience with this and other similar implementations, we are confident that we will be able to meet the July 1, 2017 Go-Live date for Arkansas Assessment solution.

A.4. Vendors may propose a phased approach for the IT Platform for the following items in the order listed: 1) technology development with assessment entry, reporting and data integration 2) disconnected assessment data entry, and 3) access for multiple operating systems. If proposing a phased approach, describe your company's recommended phased timeline and approach.

The current plan does not have a phased approach.

B.1. Describe your company's plan to develop and implement referral Intake as a part of the IT Platform that fulfills the requirements in RFP Section 3.3 (B).

Our solution contains an interoperable referral intake and management process, which enables seamless and streamlined coordination and evaluation of beneficiaries. The Global Referral module below allows for in system referrals to be generated from one entity to another, while capturing pertinent information about the beneficiary being referred and the type of referral being made as seen in [Figure E.4-2](#).

Program Referral Status: In Progress
View Edit

Cancel
Save

Referral

Applicant Information

First Name:	Proposal	Medicaid #	111111111
Last Name:	Client	Medicare Number:	
Middle Name:		SSN:	111444888
DOB:	01/01/1965	Phone #	(111) 444-0000
Gender:	Female	County of Residence:	Adams
		Moving to County:	Calhoun

Current Location: * Hospital

Contact Information

Person Making Referral

Contact Person: ** Proposal Guardian

Relationship to Applicant: **

Primary Phone # ** 7774441111 Ext:

Other Contact

Is there a Family / Friend Contact Person? ** Yes No

Referral Information

Referral Date: ** 11/29/2016 📅

Referral Type: ** Developmental Screen

Developmental Screen
 interRAI HC Assessment
 Other

Person Completing Referral Form: Training SuperUser

Send Referral To: **

Comments: **

Figure E.4-2: Referral Intake and Processing

This module can also process referrals coming from third party systems such as the state or its designee. As seen in [Figure E.4-3](#), the solution will maintain a comprehensive history of all referrals for a beneficiary as well as the source of that referral. Referrals can be received in batches and distributed to the appropriated beneficiaries' records using unique identifiers for matching purposes. Batch processing is useful when processing large volumes of data for scenarios when many beneficiaries are due for their annual reevaluation. Referrals can also be sent to the solution individually on an as needed basis to cover scenarios where an emergency assessment may need to be conducted with a specific beneficiary.

with the appropriate state personnel to prepare the batch referrals' specifications and implement the backend process to import those in the system. We have implemented such custom batch transfers with third party case management systems using client specific information.

B.3. Describe your system's ability to receive paper or secure emails from the State and upload them to the system.

Our solution has an attachment management module specific to each beneficiary's record. The attachment management module within the solution gives the ability to upload documents in various file formats. Access control is built around the categories within the attachment management module and these attachments can be directly linked to tasks and trigger notifications to other users within the solution. [Figure E.4-5](#) illustrates how an authorized user can access the attachment management module to either upload new information and view or manage existing information. When an authorized user is uploading an attachment, they can choose the specific file they wish to upload; the solution supports file types such as MS Word or MS Excel documents, PDF files, etc. A user can also specify if they would like an alert / notification to be sent to anyone when they are uploading documents within the solution.

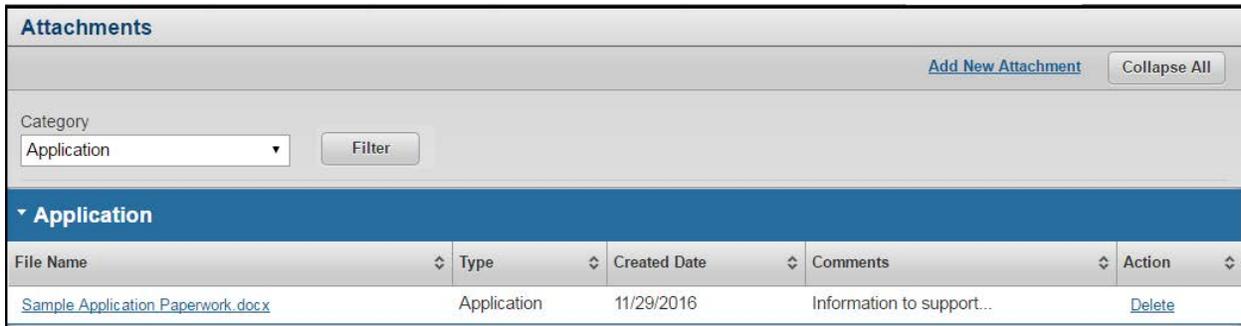


Figure E.4-5: Attachment Management Module

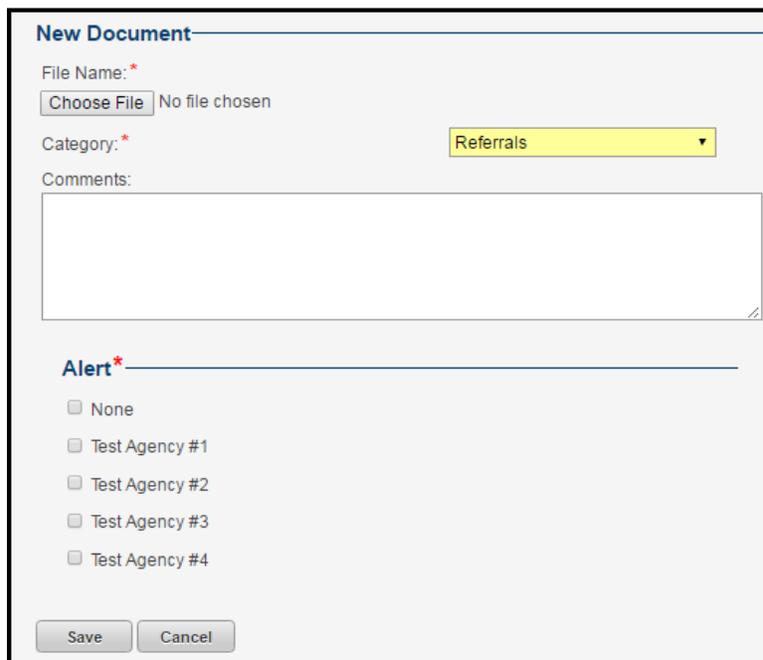


Figure E.4-6: Attachment Notification Window

Our solution also has a Document Library which allows users to set permissions to limit access to uploaded documents by specified users if access needs to be restricted. If the documents are related to specific clients/beneficiaries, then the client attachment capability can be used.

Some common documents, such as program policies and guidance, can be uploaded to the home page of the system by the administrator so all users can have access. This dynamic home page capability is also used for general user documentation, training materials and other system information to be made available to all users.

B.4. Describe your IT Platform's calendaring system.

Our solution provides a role-based user dashboard which includes calendar functionality to allow users to add customized events and to set reminders for them. The calendar function can also auto populate system events and send alerts/reminders to the user. For example, when a beneficiary is due for their annual reassessment based on a predefined date, a notification can be triggered by an event that has been set up on the user's calendar. The system allows users to export their calendar to MS Outlook and Google calendar for the purpose of transferring and sharing. This functionality can also be configured to take into consideration not only due dates, but priorities among beneficiaries so as to not disrupt services. [Figure E.4-7](#), [Figure E.4-8](#) and [Figure E.4-10](#) illustrate how the calendar function works within the solution.

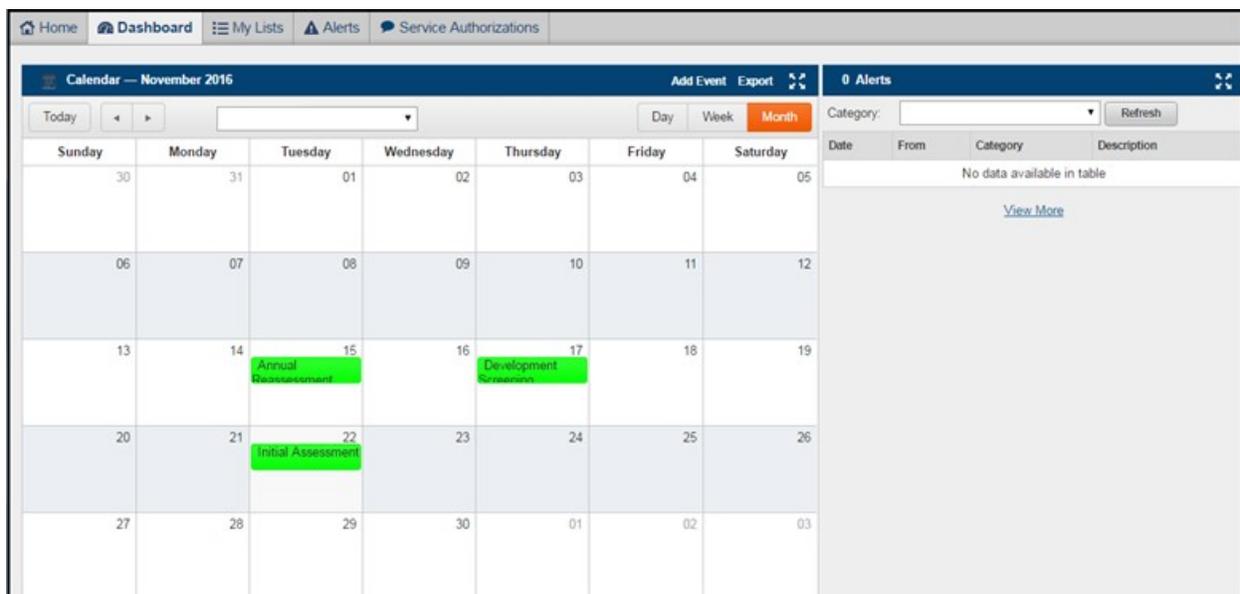


Figure E.4-7: Dashboard Calendar

The 'Add Event' window contains the following fields and options:

- Name: *
- Description:
- Location:
- Date: * (11/22/2016)
- Start Time: *
- End Time: *
- Repeat: Monthly
- Repeat Every: * (1 month(s))
- Repeat On Day: * (1)
- End Date: * (Never Select a Date)
- Event End Date: *
- Reminder: 5 days before

Figure E.4-8: Create Calendar Notification Window

Person Name	Person ID	Date	From	Category	Description	Actions
Proposal Client	2759524ET318120	09/16/2016	DBHDS SuperUser	Assessment	Beneficiary due for reassessment.	Go
Proposal Client	2759524ET318120	09/16/2016	DBHDS SuperUser	Assessment	Beneficiary due for initial assessment.	Go

[View More](#)

Figure E.4-9: History of Notifications

B.5. Describe your company’s proposed user roles and access levels, for Vendor and State staff, for the IT Platform.

Our solution has built-in user role, and permissions management modules that allow end users to manage users and roles and to grant/revoke permissions for roles. This allows the system to ensure the access privileges assigned based on roles within the organization ensure access restrictions to only the information and functionality required to perform job duties. The system is configurable to allow for permissions to be managed at the functional level or field level. Hierarchies are built within user roles at the organizational level to allow for the management of staff from a supervisory level.



Figure E.4-10: User Role Module

B.6. Describe your IT platform’s ability to satisfy the functionality and feature capabilities and requirements set forth in RFP Section 3.3 (C), including your ability to add or modify Assessment Instruments/Developmental Screens in the future.

Our proposed IT platform uses “Dynamic Form builder” to build and modify assessments and screening instruments. All of the instruments built with the Dynamic Forms can be modified and customized using a graphical user interface. [Table E.4-4](#) lists the RFP Section 3.3 (C) requirements and how our proposed solution meets those needs.

Table E.4-4: RFP Section 3.3 (C) Requirements Proposed Solution

RFP Section 3.3 (C) Requirements	Our Solution Approach	Benefits to State of Arkansas
a. Allow assessments and screenings to be electronically submitted to the IT Platform 24 hours per day, seven days per week.	Our solution implements the required assessments and screeners, and host them to allow electronic submissions 24x7.	On demand access and processing allows the State to process assessments and screenings at any time and immediately receive the results of those tools in order to streamline the overall workflow process for waiver application.
b. Allow assessments and screenings to be completed electronically on tablets or laptops.	Our responsive UI design and the latest HTML5 technology allows users to use the system on desktops, tablets or laptops using any operating systems.	Device compatibility provides users the ability to conduct and complete assessments in either an office setting or out in the field in the event they need to conduct assessments in remote locations where tablets are necessary.
c. Allow assessments and screenings to be completed using an offline tablet or laptop in areas of the State with limited internet access.	Built-in offline capabilities using HTML5 IndexedDB and Local Storage features that allows users to complete assessment or screener without Internet connectivity.	Offline capability removes the need for completing paper assessments and screenings and later having to do data entry in to the system when online connectivity is gained.
d. Allow for assessments and screenings completed offline to be automatically uploaded to	When the assessor has internet connectivity and logs in to the web application, the system shows a list of	The automation of uploads of offline assessments will streamline the user’s ability to

RFP Section 3.3 (C) Requirements	Our Solution Approach	Benefits to State of Arkansas
the Vendor's IT Platform when internet connectivity becomes available.	all assessments or screenings completed offline and lets the user initiate uploading of that data to the server. This allows the user to review the list before uploading but it can be configured to invoke automatically if needed.	move forward in the determination process without having to manually decide which assessments and screenings to upload.
e. Mobile application shall support Microsoft Windows, Apple IOS and Android operating systems.	Our user interface uses HTML5 that is common industry standard supported by all popular browsers on Microsoft Windows, Apple iOS or Android platform. In addition, responsive UI design can automatically reorganize or hide certain panels or menu items as per the screen size/resolution.	Compatibility with multiple operating systems allows for variance to the user population to use existing devices and software offered by their agency.
f. IT Platform web browser access shall be compatible with manufacturer supported versions of Microsoft Internet Explorer, Microsoft Edge, Mozilla Firefox, Google Chrome and Apple Safari.	The standardized UI technology in our solution allows all popular browsers including but not limited to IE, Edge, Firefox, Chrome and Safari.	The standardized UI technology supported across web browsers allows users to operate in a standardized way across browsers. It also allows users flexibility to use the browsers based on their preference.
g. Include an automated workflow process that routes assessment/screen results to the appropriate reviewer, if necessary, and assigns a Tier Determination.	As described in response to A.1 and A.2, our solution has built-in workflow management and Dynamic Forms allow configurable rules to take certain actions. We will leverage these capabilities to configure the system to send results to the appropriate reviewer determined based on the context such as program, agency, region, user roles, eligibility status, tier determination, etc.	The workflow management tool within the solution will ensure that assessments and screenings requiring review do not fall through the cracks and will ensure speedy assignment for review to the appropriate party.
h. Provide for exception handling and manual over-ride of assessments and screens by Vendor staff.	The system allows authorized supervisors and administrator level staff to override decisions and allow for additional reviews as an exception to the typical workflow	The override process enables authorized users with the ability to overturn decisions to handle exceptions processing. The benefit added is removing the need to go back to the Vendor to make systematic changes to handle exceptions.
i. Provides a path to allow paper assessments to be uploaded and routed by Vendor staff in	Our solution has a Document Library and client attachment capability to allow paper assessments to be uploaded. We can configure secured	The document upload function allows flexibility to upload any necessary support information, assessments or screenings

RFP Section 3.3 (C) Requirements	Our Solution Approach	Benefits to State of Arkansas
the event of technological failures.	email capability as another method for sending documents to the authorized staff.	against an individual's record in the event those things are not supported through a system implemented function. This benefits the State by maintaining a comprehensive history of information related to an individual for both online and paper related artifacts.
j. Provides a time, date and user stamp for all events.	Our solution is compliant to HIPAA audit requirements and it records all events or actions pertinent to the client information or other access/updates. This audit tracking includes date, time and user account information as standard audit information.	This feature creates a historical record of activities taken within the solution, which can be used for auditing and monitoring user behaviors.
k. Has user/role based access to ensure privacy and security? The Vendor should propose various user/role access levels for DHS's review and ultimate acceptance during contract implementation.	Our solution supports industry standards such as OAuth2 and SAML for user authentication and Single Sign-on. Also when user accounts are created, the system requires authorization roles to be assigned to ensure that the correct level of access is provided. Apart from common roles for access, the system also restricts user's access based on the program, agency or region. During the initial implementation, we will analyze requirements and propose user roles and related permissions for DHS to review and approve.	The solution's flexibility provides the means for predefined user roles with permissions to be set up that can be managed by the State to accommodate changes on an as needed basis over time.
l. Allow users with the proper access level among DHS staff and Vendor staff to view the status of an Assessment from referral through Tier Determination and of a Development Screen from referral through completion.	Our solution has capability to keep track of the status of various artifacts including the assessment, the status of the overall workflow in reference to the end-to-end process. Authorized users including DHS staff, our partners and our personnel will be able to view the status and track the entire workflow steps starting from referral to completion.	Visibility in to the process through the solution allows for transparency and tracking for quality assurance purposes and to analyze trends to identify bottlenecks in processing.
m. Host a database of Beneficiary Information.	Our proposed solution provides, both, the transaction database and the reporting database that will contain	Beneficiary information can be used for informational purposes as well as to prepopulate information on tools such as assessments and

RFP Section 3.3 (C) Requirements	Our Solution Approach	Benefits to State of Arkansas
	beneficiary information as described below.	screeners, which cuts down on data entry time and typographical errors.
i. The database shall be able to be queried by users with the proper access level among DHS staff and Vendor staff to develop reports including but not limited to the following: Timeliness of assessments and Tier Determinations Scheduled and completed appointments Demographics of individuals receiving assessments and Tier Determinations	The transaction database in our solution will be accessible from the web application that already provides some of these reports (for example timeliness of assessments). All of that data will also be available in an ad-hoc reporting database that allows the user to run queries and build reports. We will set up DHS staff and our personnel to be able to build and run reports as needed to satisfy their specific needs that are not addressed by the build-in standard reports. Our staff will be prepared to assist DHS staff in creating samples or developing these reports.	Full access to data benefits the State because they can query the data for reporting purposes to CMS as needed and can analyze data to guide policy decision making.
ii. DHS staff users with the proper access level shall be able to conduct customizable queries, export data and run reports on Beneficiary information in real-time.	Authorized users, including DHS staff, will have access to the ad-hoc reporting database to conduct customized queries, run reports and export report data in various formats (Excel, Word, PDF, etc.). Our solution platform has live replication between the transaction database and ad-hoc reporting database so the users will have real-time up to date beneficiary data via the ad-hoc reporting database and report builder.	Refer to answer above for (i)

B.7. Describe your IT Platform’s ability to accommodate the InterRAI-HC assessment and DAAS’ current InterRAI-HC data.

Our solution contains an assessments module that is capable of storing and maintaining the full history of a variety of assessment tools. The solution currently contains the interRAI HC Assessment as seen in [Figure E.4-11](#) below. Each assessment will be distinguishable within the client record in terms of type of assessment, date assessment was conducted and other summary information about the assessment such as results. Current DAAS’ interRAI HC data can be migrated into the existing solution structure, given the information can be provided in a standardized format for processing.

Assessments						
interRAI HC						
Assessment Request						
Evaluation type:	Routine assessment	Due date:	06/26/2016			
Last request date:	06/12/2016	Created by:	Training SuperUser			
interRAI HC Assessments						
Reference Date	Status	NF LOC	RUG	Submitted Date	Actions	
06/27/2016	In Progress				Summary Download	
06/11/2016	Submitted	Yes	CA1	06/11/2016	Summary Results	
ICAP						
Created Date	Status	Actions				
No data available in table						

Figure E.4-11: Assessments History

Assessments — interRAI HC					Status: In Progress	
Back To List			Print		Discard Hold	
Section Name	Status	Last Modified By	Last Modified Date	Actions		
A. Identification Information	Complete	SuperUser, Training	11/29/16	Edit View		
B. Intake and Initial History	Complete	SuperUser, Training	11/29/16	Edit View		
C. Cognition	Complete	SuperUser, Training	11/29/16	Edit View		
D. Communication and Vision	Complete	SuperUser, Training	11/29/16	Edit View		
E. Mood and Behavior	Complete	SuperUser, Training	11/29/16	Edit View		
F. Psychosocial Well-Being	Complete	SuperUser, Training	11/29/16	Edit View		
G. Functional Status	Complete	SuperUser, Training	11/29/16	Edit View		
H. Continence	Complete	SuperUser, Training	11/29/16	Edit View		
I. Disease Diagnoses	Complete	SuperUser, Training	11/29/16	Edit View		
J. Health Information	Complete	SuperUser, Training	11/29/16	Edit View		
K. Oral and Nutritional Status	Complete	SuperUser, Training	11/29/16	Edit View		
L. Skin Condition	Complete	SuperUser, Training	11/29/16	Edit View		
M. Medications	Complete	SuperUser, Training	11/29/16	Edit View		
N. Treatments and Procedures	In Progress	SuperUser, Training	11/29/16	Edit View Check Errors		
O. Responsibility	In Progress	SuperUser, Training	11/29/16	Edit View Check Errors		
P. Social Supports	In Progress	SuperUser, Training	11/29/16	Edit View Check Errors		
Q. Environmental Assessment	Incomplete			Start		
R. Discharge Potential & Overall Status	Incomplete			Start		
T. Assessment Information	Incomplete			Start		

Figure E.4-12: Status of In Progress Assessments

B.9. Describe your plans for providing mobile access for the assessment platform, whether by mobile application or a website optimized for mobile devices. If you are proposing a phased approach for mobile application development, please describe your company's phased timeline and approach.

The system is natively built using a modern web-based UI with the latest technology standards, such as HTML5/CSS3 and mobile device views that support both PC and mobile devices. The application uses responsive design which automatically resizes pages based on the screen size of the device.

B.10. Describe your automated workflow process.

We have over 15 years of experience in automating workflows for health and human services programs in over 35 states and counties. We have successfully automated the program workflows for several substance abuse programs and have a thorough understanding of the level of effort and complexity involved, from both a business analysis and technical architecture standpoint, in executing workflows for several programs in one integrated system.

One of the critical drivers for building our solution was to automate LTSS waivers and programs to increase efficiency, reduce delays caused by administrative functions; support smooth hand offs across agencies and expedite approval processes with real-time access to beneficiary data. Therefore, workflow execution is inherently a part of the solutions architecture.

For the various assessment and screening tools offered within the solution, unique workflows will be established to accommodate the screenings, intake of referrals, scheduling appointments, conducting assessments with the results being produced to categorize beneficiaries into various Tier Determinations, review processes and the sharing of results/determinations information both within the solution and with third party systems. On top of these workflows, business rules can be implemented to tailor the workflow based on conditions such as significant medical conditions or whether a beneficiary is already in service.

This section aims to describe workflow execution by providing examples across several levels including:

- Program-level workflows
- Module-level workflows
- Authorization/approval workflows
- Inter-agency hand-off workflows

Program-level Workflows

Most program workflows include multiple steps/tasks, performed by several agencies, where each step is regulated with guidelines about the number of days expected for completion. Each agency and staff within the system, based on tightly governed roles and permissions, receives alerts for their functions within the workflow. [Figure E.4-14](#) is an example of a program task list that shows the steps involved in a waiver workflow. This program task list can guide users to perform their tasks by giving them a holistic view of all necessary steps in the process and by giving them a quick view for each task where the individual is in the process. The user can obtain this summary information by expanding any of the individual sections. For Arkansas, this could be limited to the workflow related to the referral intake process, Developmental Screen and assessment tools.

Program Task List

filter by form name Expand All Task View Options

APPLICATIONS [Summary](#)

- Freedom of Choice
- Application Packet

ASSESSMENT & POC [Summary](#)

- Assessment & POC Request
- interRAI HC MD
- Plan of Care

LEVEL OF CARE [Summary](#)

- Level of Care Request
- Current Level of Care Request
- InterRAI Level of Care Requests
- NF Level of Care List
- CPAS Level of Care List
- Chronic Level of Care List

PLAN OF SERVICE [Summary](#)

- POS List

Figure E.4-14: Program Task List

Module-level Workflows

Within the program-task list, each module’s workflow could be configured. For example, the application process for the intellectual disabilities/developmental disabilities population requires a multi-disciplinary team to each enter their respective forms and program information. The application management module within the solution is configured to allow multiple teams to work on the same module simultaneously. The system keeps track of each step, the staff that performed the step, timestamps, and other audit trail information. [Figure E.4-15](#) is an example of the application management module workflow.

Workflow History						
Action	By	Date	From Status	To Status	Comment	
Submit	Supervisor	06/11/2016	Pending Lead Review	Pending Decision		
Submit	Support Coordinator	06/11/2016	In Progress	Pending Lead Review		

Figure E.4-15: Workflow History for a Form

Authorization/Approval Workflows

Based on our experience working with similar implementations, we understand the State may want to enforce internal reviews, quality assurance checks, and approvals for certain forms to cater to the regulations and improve performance on multiple levels. The example below ([Figure E.4-16](#)) demonstrates the approval workflow. It depicts how person-centered plans go through several review processes in the solute—through the support coordinator initiating it, sending it to their supervisor for an internal quality check, then to the authorizing agency who could approve, deny, or kick it back to request

clarification or recommend changes. At each of these junctures within the workflow, users are “alerted” when it is time to complete assigned tasks and use comments to support his/her actions. We can configure the solution related to any assessment implemented to have similar review and authorization workflows as necessary.

Inter-agency Hand-off Workflows

In order for agencies to work collaboratively with the same beneficiary, it is invaluable for the solution to support programmatic efforts. The system could help reduce delays that occur with manual hand-offs. Our solution automates referral hand-offs between both agencies to provide clarity about which agency was responsible for which beneficiary. The example below (Figure E.4-16) shows how one agency can transfer an individual to another agency as necessary if they are permitted to do so.

MFP - Options Counseling - Case Manager Assignment

Filter by Status: *
 Unassigned Filter

	First Name	Last Name	Age	MA Eligibility	MDS	Facility	County	Assigned To	Actions
<input type="checkbox"/>	Apple	Smith	56		No	CATONSVILLE COMFORT CARE CENTER (test)	Baltimore		View
<input type="checkbox"/>	Toby	Leech	41	LTC	No	BROADMEAD (test)	Baltimore		View
<input type="checkbox"/>	Gladys	Thankful	46	LTC	No	LOCH RAVEN CENTER (test)	Baltimore		View
<input type="checkbox"/>	Need	Information	63	Community	Yes	Nursing Facility Baltimore 1	Baltimore		View

Assign to Options Counselor: * [Dropdown] Assign Refer To CIL

Showing 1 to 4 of 4 entries Filter all columns: [Input]

Figure E.4-16: Inter-Agency Hand-Off Features

B.11. Describe your IT Platform’s database and the functionality of querying data by both contracted and state staff.

As described in response to A.1, our solution has several built-in standard reports that users can run with multiple parameter selections to customize the output. In addition, the system provides ad-hoc reporting capabilities that allow authorized users to query data and build reports with a simple report builder tool as described in our response to B.6. Please refer to the response to A.1 and B.6 bullet “m.” above for details.

If the state needs the entire database dump for the further analytics in their own environment, we can provide a full database dump of the reporting database at regular intervals, for example, monthly, via secured FTP method. We currently provide such database backups for other state customers on a regular basis and when requested.

B.12. Describe your company’s plan to develop, implement, and utilize a Division-Specific Tier Determination process based on assessment/screening results in accordance with RFP Section 3.3 (D).

Table E.4-5 provides a summary of three tier levels for different DHS agency as described in the RFP.

Table E.4-5: Three Tier Level Determination Process

DAAS	DBHS	DDS
Preventative	Counseling	Tier 1 - center-based care
Intermediate	Rehabilitative	Tier 2 - Institutional LOC but not 24/7

DAAS	DBHS	DDS
Skilled/Institution LOC	Intensive	Tier 3 - Institutional LOC with 24/7

Our solution provides capability to implement algorithms to determine similar levels of care or tiers as per the state requirements. We have implemented standardized interRAI algorithms for the automated calculation of RUGs and Clinical Assessment Protocols using the data collection in the interRAI assessment. We have implemented state-specific tier calculation and automated program referral algorithms based on screener data as well as state specific LOC algorithms using assessment data. We have also implemented business process workflow steps based on LOC/tier determination such as review of automated notification to Utilization Control Agent or state assigned nurse and/or physician for manual review of certain cases.

[Table E.4-6](#) lists the RFP Section 3.3 (D) requirements and how our proposed solution meets those:

Table E.4-6: Section 3.3 (D) Requirements Proposed Solution

RFP Section 3.3 (D) Requirements	Our Solution Approach	Benefits to DHS
a. Be developed and implemented based upon each Division’s Tier standards and policies as described in this RFP or as determined by DHS should future needs or regulations require updates or changes.	Our business analysts will work with the DHS personnel to gather requirements for the tier determination algorithms and details of tier standards and policies that will provide a basis for implementation of tier determination algorithms and related workflow processes.	Provides the flexibility for each division to determine and implement their own algorithms and results based determinations to drive their unique business processes.
b. Be developed in collaboration with State staff and State policy.	We will collaborate with the DHS staff and implement tier determination capability in accordance with the state/agency standards and policies.	Knowledgeable staff are experienced working with States to elicit their specific requirements and make recommendations to streamline business processes through innovative software capabilities.
c. Provide the means for DHS staff users with the proper access level to query and display other relevant health information necessary for a user to make a Tier Determination.	Our solution provides a summary page at the end of the assessment. This page shows all pertinent information, key intermediate results calculated by algorithms as well as the tier/LOC as an end result. We will implement a similar summary page for the DHS assessments and developmental screening. If this information is needed for multiple clients, then the DHS staff can use our standard report or ad-hoc reporting capability to view and download the list of several assessments/screenings.	Having client health information and assessment related information within a single solution increases the ability to readily access necessary information to remove bottlenecks in processing time.

RFP Section 3.3 (D) Requirements	Our Solution Approach	Benefits to DHS
d. Be automated based upon the scientifically-derived algorithms developed by the Vendor.	For other state implementations, we have implemented several standardized and proven algorithms, for example provided by interRAI. We will leverage those algorithms for the standardized instruments. We have also worked with the state to develop state-specific algorithms when needed in the past.	The automation of results based on algorithms will expedite the review and determination process related to the overall waiver application process and ensure accurate and standardized processing of individuals.
e. Time, date, and user stamp all events.	Refer to our response to B.6 bullet j above.	This feature creates a historical record of activities taken within the solution, which can be used for auditing and monitoring user behaviors.
f. Has user/role based access to ensure privacy and security. The Vendor should propose various user/role access levels for DHS's review and ultimate acceptance during contract implementation.	Refer to our response to B.6 bullet k above.	The solutions flexibility provides the means for predefined user roles with permissions to be set up that can be managed by the State to accommodate changes on an as needed basis over time.
g. Be modifiable by Vendor in the event of future policy changes, modifications or changes in Assessment Instruments and Tiers, or other future events.	Our response to A.2 above describes how we propose to use Dynamic Form builder to quickly implement new assessments and screening instruments. When it is necessary to make any changes to these instruments, in the event of future policy changes, Dynamic Form builder allows creating new versions of the instruments that can be deployed when the new policy changes are effective. Since Tier determination algorithms have to be coded in the system, any changes to those will require application changes but they will be modularized so these changes can be applied and tested independently before deploying to production.	The Dynamic Form builder enables the State to make changes to their assessment tools, screeners and algorithms as needed with little to no intervention from the vendor. This flexibility allows the State to quickly adapt to changing policies and procedures.

B.13. Describe your IT platform’s capability for receiving and tracking the status of all appeals of the results of an Independent Assessment and/or Tier Determination. made by a Beneficiary.

The appeals module in the solution provides the ability to track the type of appeal being logged, the level at which the appeal is being filed, and notes associated with that appeal. This module is currently being enhanced for our Maryland customer to capture more extensive information related to scheduling of the appeal, tracking the determination and outcomes and building scheduling around the overall appeals process. These enhancements will enable Arkansas to track specific appeals related to assessments and tier determinations, while maintaining information related to timelines and results of those appeals.

[Figure E.4-17](#) shows part of the existing functionality related to the appeal module within the solution.

Appeals — Appeal and Disposition Program: E&D Status: In Progress New

Cancel Save

Appeal Information

Appeal Information

Type of Appeal: * Assessment Determination

Date of Appeal * 11/10/2016

Appeal Level: * Level 1: Case Management Agency

Appeal Notes:

Figure E.4-17: Appeal Information

In addition to filing the appeal, the solution provides functionality for the disposition/outcome of that appeal to be logged in accordance with timelines for the specific appeal for tracking purposes.

Appeals and Dispositions — Appeal Program: AL Status: Pending Disposition View Edit

Cancel Save

Appeal and Disposition

Appeal Information

Type of Appeal: * Approved Less than Requested Services

Date of Appeal: * 03/12/2015

Appeal Level: * Level 1: DOM Office of Appeals

Appeal Notes:

Person has.....

Disposition Information

Disposition Type: * Reversed

Date of Disposition: * 03/12/2015

Disposition Notes:

Figure E.4-18: Appeal and Disposition Information

B.14. Vendors may propose a phased approach for web browser functionality with initial implementation supporting web-browsers that are common to state and assessor browsers, and later phasing in additional browsers. If you are proposing a phased approach, describe your company’s phased timeline and approach.

As stated above, our single production release will be compatible with web-browsers that are common to the state and assessors.

C.1. Describe how your IT platform satisfies the additional Features required in RFP Section 3.3 (F).

The IT platform provides tremendous flexibility to enhance the solution capabilities with customizations to existing modules or develop and plugin new modules. Many of the additional features specified in the RFP are already available in our platform out-of-box and can be implemented for AR Assessment system with some customizations. [Table E.4-7](#) lists the RFP Section 3.3 (F) requirements and how our proposed solution meets them.

Table E.4-7: Section 3.3 (F) Requirements Proposed Solution

RFP Section 3.3 (D) Requirements	Our Solution Approach	Benefits
1. The IT Platform must have the capability to directly interface with the Arkansas Medicaid Management Information System (MMIS), any state-contracted Vendor conducting utilization management or review on DHS’ behalf, and must support direct electronic interaction with DAAS, DBHS, and DDS systems. The specific list of the State’s IT systems will be finalized during contract implementation.	As described in our response to A.1 under External system integration, our solution supports integration with the state MMIS or other system as well as third party case management system. If the AR MMIS system supports HIPAA X12 standards, we will customize our X12 engine to apply the AR-specific companion guide as we have done for other states.	Using standardized methodology based on industry-standards reduces the risk involved with interfaces. The interfaces allow for seamless communication across agencies and allows for transparency in the process.
2. Allow for varying levels of access based on role for Vendor and for State staff. The Vendor should propose various user/role access levels for DHS’s review and ultimate acceptance during contract implementation.	Refer to our response to B.6 bullet k above. We will define varying levels of access for the state staff and our staff, as well as any other users that need to access the AR Assessment system.	Providing a robust role-based security model allows staff to access information on a “need to know” basis only thereby complying with HIPAA regulations.
3. Ability for DHS staff users with the proper access level to access, view, extract and download data at any time during the Contract period, including the dump of database data or customizable reports upon request.	We will provide DHS staff access to our ad-hoc reporting solution as well as reports in the system to access and view data. These reports allow users to extract or download the data in standardized format such as PDF, Word or Excel spreadsheet. Also as described in our response to B.10 above, we can set up automated processes to send the database dump to the state via secured FTP.	Providing DHS access to the data allows the state agencies the ability to understand the implications of the data, provides the ability to do research and analysis and then eventually make policy decisions to improve the program outcomes.

RFP Section 3.3 (D) Requirements	Our Solution Approach	Benefits
4. Provide database schema, table layouts, primary key designation, foreign key relationships, data dictionaries, security implementation model(s), and support for change control on database changes, and field and table changes upon request.	We generate and maintain database models with schema, table layouts, primary key, foreign key and data dictionary. For years, we have been providing this information to our customers upon request and are prepared to provide that to the DHS staff. We also follow a formal change control process for database and application changes. We will share the process document as well as any change control requests that result in system changes including database field and table changes when requested.	The state can have access to the necessary documentation for future implementations. If the state chooses to select another vendor, upon completion of the contract, these artifacts can be used for reference purposes.
5. Allow batch data transfer or extract, transfer and load (ETL) to DHS's enterprise data warehouse for use in cross longitudinal reporting. The specific list of the State's or data warehouse system will be finalized during contract implementation.	As mentioned in #3 above, we will provide database dumps that DHS can use to run batch data transfer extract, transfer and load processes to the DHS data warehouse for enterprise-wide reporting.	This will allow for DHS to report across systems and get a better understanding of the beneficiaries' record, over the course of time.
6. Hand-over of all data in State's desired non-proprietary format, decided by DHS, at end of the Contract period.	As mentioned in #3 above, we will be prepared to hand over all data at the end of the contract period in a database dump. This dump will be in a state's desired format that can be imported in the state IT environment. Typically we provide this using a SQL Server BAK file.	This will prevent the State of Arkansas from being in a "vendor lock" for future implementations.
7. Provide for adaptability throughout the term of Contract for any changes DHS may need to make to the IT Platform in the future.	Our IT platform provides flexibility to make changes and enhancements to align with DHS' business needs. We have been implementing such customizations and enhancements for multiple states that are currently using our solution platform to meet their ongoing needs.	We understand that in the current environment, policies and program evolve over time. And our proposed flexible system will assist the state to make changes in tandem with the programmatic changes.

C.2. Describe your company's plan to provide technical assistance, trouble-shooting, and help desk services with trained staff as required by RFP Section 3.3 (G).

Other Minimum Support Requirements

1. Technical Assistance, Trouble-Shooting, and Help Desk

- a. The Vendor shall provide an administrative toll-free telephone number that shall enable Vendor staff in the field, DHS staff, and staff of other DHS vendors to reach the IT support staff from 8:00 am to 6:00 pm CT on Business Days.
 - b. IT support staff shall be trained and available to resolve issues including but not limited to user questions regarding:
 - i. Referrals;
 - ii. Assessment Instruments;
 - iii. Developmental Screening tool;
 - iv. Field technology (for example laptops, tablets) utilized to complete assessments and screenings;
 - v. Connectivity with State systems;
 - vi. Data queries.
2. Physical Presence in Little Rock
- a. Vendor IT support staff shall be available to be on-site if needed, in various State offices in Little Rock, Arkansas from 8:00 am - 4:30 pm CT on State Business Days within four hours of request.

The Company help desk provides a resources that are available to all users. The help desk operates between 7:00 a.m. and 7:00 p.m. EST/EDT and can provide assistance within 4 hours via email, phone, and through internal feedback communications (submitted through the assessment tool). The help desk provides Tier 1 and Tier 2 assistance to users, such as, login creation and the initial setup of new users, general navigation assistance for all users, direction to online training, and answers to specific questions regarding all aspects of the assessment tool, referrals, assessment instruments, field technology, connectivity, and data queries. This subsection describes the current help desk procedures and operations. [Figure E.4-19](#) provides an example of how help desk contact information can be made available to users on the Home Page of the assessment tool and [Figure E.4-20](#) illustrates how the User Feedback tool will appear to users.

The screenshot displays a dark blue header with the text "Technical Support" and a downward-pointing triangle. Below the header, the text "Helpdesk Hours" is followed by "7AM - 7PM EST". The next section is titled "Submit Your Case Online" and contains a paragraph: "If you experience any problems, please use the Feedback tool in [redacted] to create a Help Desk ticket. The Feedback tool is located under the Menu link at the top right corner of each screen in [redacted]. The Feedback tool allows users to create Help Desk requests and to track the status of their existing requests. In addition, you may use the information below to contact the Help Desk." This is followed by a section titled "Call Help Desk" with "Support Line: [redacted]". The final section is titled "Email Help Desk" with "Email: [redacted]".

Figure E.4-19. Help Desk contact information on Home Page of the assessment tool

The image shows a 'User Feedback' form window. The title bar says 'Error Form'. The form is titled 'User Feedback' and has a horizontal line below the title. The fields are: Date: 06/27/2016; Name: Jane Q User; Organization Unit: SUPPORT COORDINATION(S...; Url: [redacted]; Type of Concern: Question/Comment (dropdown); Severity: Normal (dropdown). Below these is a note: 'To help us diagnose the cause of this issue and improve this software please provide as much information as possible.' Then a 'Details:' section with a large yellow text area. Below that is a 'Comments:' section with a smaller text area. At the bottom are 'Cancel' and 'Continue' buttons.

Figure E.4-20. User Feedback Form

Each contact with the help desk is documented through Microsoft Visual Studio/Team Foundation Server (TFS) for reporting, research, and tracking of contacts. All phone calls come in through Clarity Connect and can be routed to the next available appropriate help desk personnel. Clarity Connect can be used for recording all calls, providing call statistics, and setting up personalized scripts for the user to hear at the beginning of each call. Through Clarity Connect, the help desk is able to monitor which hours are busiest, how staff members are handling call volume, and assure adequate coverage across one or multiple projects. While emails and User Feedback can be delivered to the help desk in the form of TFS tickets, all phone contacts are manually documented by the team.

With each new functionality introduced into the IT Platform, we have established processes to get help desk personnel familiar with the systems we are support. The help desk receives training directly from the Business Analysts/SMEs on the functionality, along with access to all documentation, requirements, and training materials created for end-users. Our current training methods for new and existing help desk staff gaining familiarity with new functionality or new systems includes both providing extensive resource documentation and using on-demand training environments. For example, upon implementation of a new project or specific functionality, all help desk staff is expected to be able to act in several different user roles and properly navigate the workflow process depending on the operating agency and user-type. For this contract, this training would begin months prior to the production implementation, and depending on contract scope, the help desk can act as a resource to users working within the training environment prior to release.

Our help desk continuously achieves high First Contact Resolution Rates. This Resolution Rate illustrates that the majority of tickets can be resolved with the assistance of solely Tier 1 or escalation to Tier 2, without having to escalate further. In months or weeks where When new functionality is put into production, the help desk will see an increase in both user contact volume and ticket escalations.

[Figure E.4-21](#) shows the First Contact Resolution Rate for the help desk for one of our states.

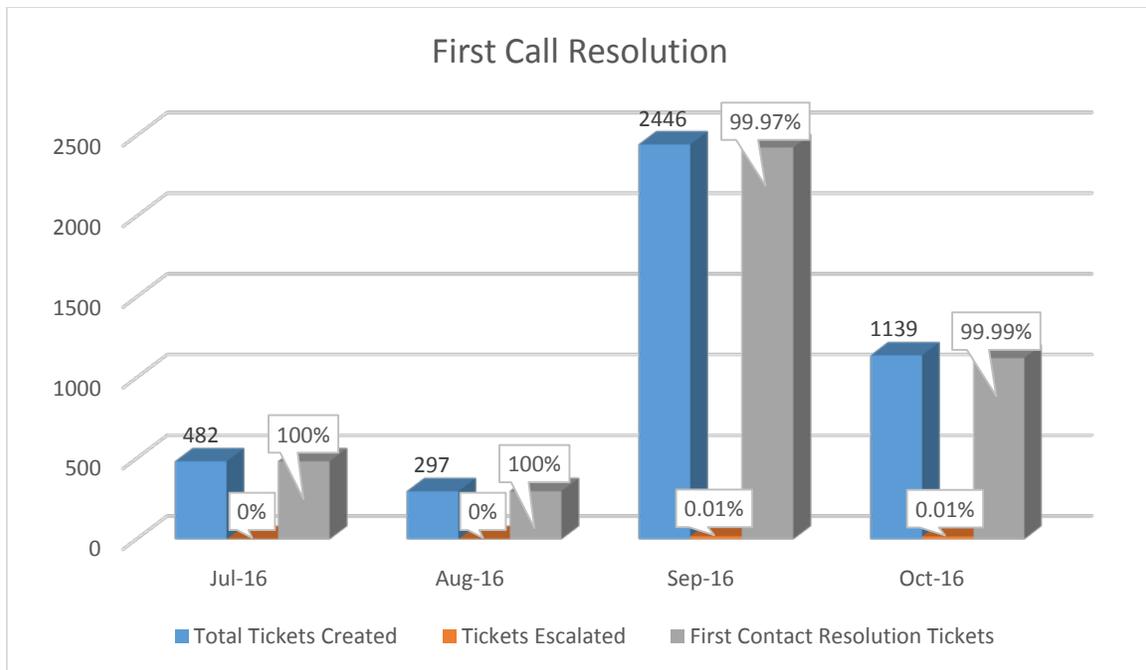


Figure E.4-21. First Contact Resolution Rate

The TFS user contact information is not simply a full record of every contact but is also used to conduct analysis of product improvement areas and various trend reporting. For example, our analysts are trained to document contacts using 'Dispositions' and 'Area Paths' within TFS. Dispositions can be customized for each project, but are used to provide a general overview of the type of contact. Currently, the help desk tracks how many tickets are inquiries (navigational or general questions, policy questions, and training), how many are 'issues' (new items that have been escalated and other tickets connected to the same concern), login creations/issues, and user suggestions. Area Paths, which are also project-specific, are used to pinpoint which module or site aspect prompted the user contact.

[Figure E.4-22](#) illustrates how these trends can be monitored using TFS documentation. In the figure, we can see higher than average in October due to the release of a new functionality and the introduction of a new user base to the production environment. In October 2015, the elderly and disabled waiver functionality launched in LTSS Mississippi, with a corresponding increase in contacts to the help desk. As users became more familiar with the LTSS interface, the numbers began to stabilize. This data is helpful in understanding where additional user training may be necessary and what modules are generating the most questions from users.

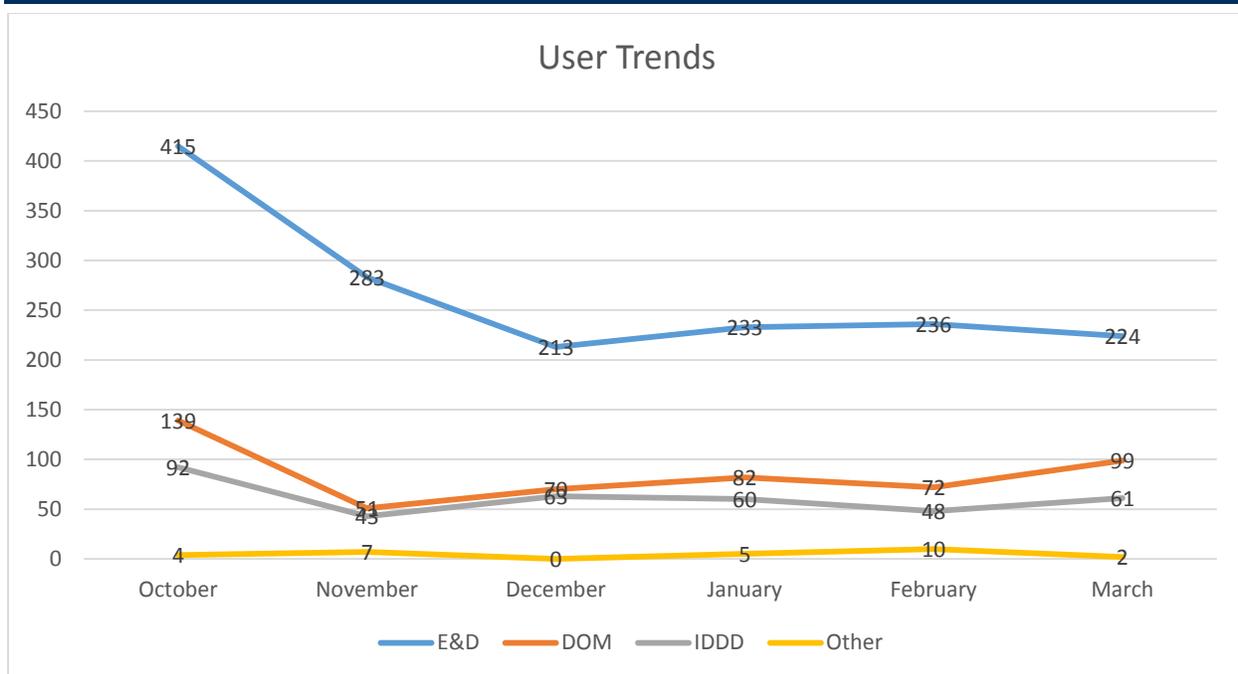


Figure E.4-22: User Trends for Assistance

C.3. Describe your company’s plan to have IT support staff available per the requirements set forth in RFP Section 3.3 (G)(2).

Our team will have trained staff available to respond within the four hour window required by Arkansas.

D.1. Describe your company’s plan to provide in-person and web-based IT Platform trainings to State staff that accomplish the minimum required tasks set forth in RFP Section 3.3 (K).

Our training team will conduct onsite trainings for state staff following a similar model described in Section E.3.A.1. The curricula will focus on the administrative tools and reports available only to state staff in addition to briefly showing the assessment instruments. We recommend splitting the state users into two separate groups and scheduling training sessions for four hours per day over two days. Location, timing, and training content will be confirmed and approved with Arkansas’ Project Manager but ideally this takes place two to four weeks prior to system “go-live”. Follow-up online training sessions are recommended after three months in order to accommodate new users, or to answer state user questions.

D.2. Describe your company’s plan to develop methods and algorithms to identify incomplete assessments/screens, logical errors within assessments/screens, logical errors across assessments/screens, logical errors related to Tier Determinations, and unusual frequencies as part of the quality assurance process required in RFP Section 3.3 (H).

We have extensive experience in automating assessments/screening and related algorithms. The assessment entered in the system includes a “summary” screen which shows the status of each section of the assessment (Complete/Incomplete). This summary page makes it easy for the user to see an index to all sections on the main page with the completion status and last updated date/time. [Table E.4-8](#) lists the RFP Section 3.3 (H) requirements and how our proposed solution meets them.

Table E.4-8: Section 3.3 (H) Requirements Proposed Solution

RFP Section 3.3 (H) Requirements	Our Solution Approach	Benefits
1. Vendor shall develop methods and algorithms to identify incomplete	Our solution includes “status check” algorithms for each section based on	The business rules and algorithms preserve the data

RFP Section 3.3 (H) Requirements	Our Solution Approach	Benefits
<p>assessments and screenings, logical errors within assessments and screenings, logical errors across assessments and screenings, logical errors related to Tier Determinations, and unusual frequencies.</p>	<p>the number of required fields completed. Users can see the status by each section for the entire assessment or screening on the summary page so the users can see the current status and identify which sections are to be completed. In addition to the status, the summary page and each section page shows any logical errors or validation errors within or across the sections. When the user views or edits sections with any errors, the system shows a detail error message and the data element with the error is highlighted in a different color for the user to quickly spot the error. When the user updates the field with the error, the system checks the validation rules in real-time and removes the error message and the error color as soon as the data conforms to the validation rules/algorithms.</p>	<p>quality. The system ensures that the required elements for federal and state reporting and gathered at the time of data-entry, not allowing users to by-pass or miss mandatory requirements. Visual cues improve user experience and enhances the users' productivity and efficiency.</p>
<p>2. The outputs of the methods and algorithms shall be utilized to inform the Vendor about necessary IT upgrades as well as training needs. The Vendor shall notify DHS immediately if any of its methods or algorithms identifies a need for upgrades or training.</p>	<p>The results output from the assessment and screening algorithms are displayed on the results summary page and are also available as a report. When any changes to methods or algorithms are required because of changes to the assessment/screening or policy, we will communicate to DHS to plan to make those changes and identify any training needs related to those changes.</p>	<p>Through help desk tickets as well as the feedback tool, our help desk team will be able to determine areas that require additional training as well as improvements to the system modules that are resulting in most number of tickets. Establishing this feedback loop will make the system "smarter" and result in ongoing improvement.</p>
<p>3. Common items related to incomplete assessments, logical errors within assessments, logical errors across assessments, logical errors related to Tier Determinations, and unusual frequencies shall be reported to the Contract Monitor on a monthly basis and in a method and format as approved by DHS.</p>	<p>Our proposed assessment solution keeps track of the status and logical errors to guide users to complete the assessment or screening. We will configure the system to query the list of incomplete assessments or screening and save as an ad-hoc report that can be automatically scheduled to run and burst report to the DHS.</p>	<p>This transparency in communication will allow for smooth project operations.</p>

D.3. Describe your company’s plan to fulfill the System Updates and Changes requirements outlined in RFP Section 3.3 (I)

System Updates and Changes

1. System updates or changes required that result from a determination by the vendor or the Contract Monitor that a deficiency exists within the vendors system shall be performed by the vendor as requested by the Contract Monitor, and shall be completed by a deadline determined by DHS.
2. Changes, corrections, or enhancements to the system shall be characterized as a system improvement.
3. These changes may result from a determination by the Vendor or the Contract Monitor when a deficiency exists within the Vendor’s system.
4. Should the Vendor believe the changes, corrections, or enhancements are needed to the system, the Contract Monitor must be advised of the changes, corrections, or enhancements and must approve before implementation.

D.3.1 Problem Resolution and System Updates

In most instances, issues are resolved with the first contact. If an issue is unable to be resolved upon first contact with Tier 1, the ticket can be escalated for Tier 2 research and/or resolution. Incidents that cannot be resolved at the Tier 2 level are escalated to our Business Analysts (Tier 3) for review and reproduction of user concern. Tier 2 supports the escalation process by assisting the Business Analysts and Development Team to determine the user’s exact concern, the scope of the concern, and the severity. An overview of the ticket creation, escalation, resolution, and ticket closure workflow is illustrated in [Figure E.4-23](#).

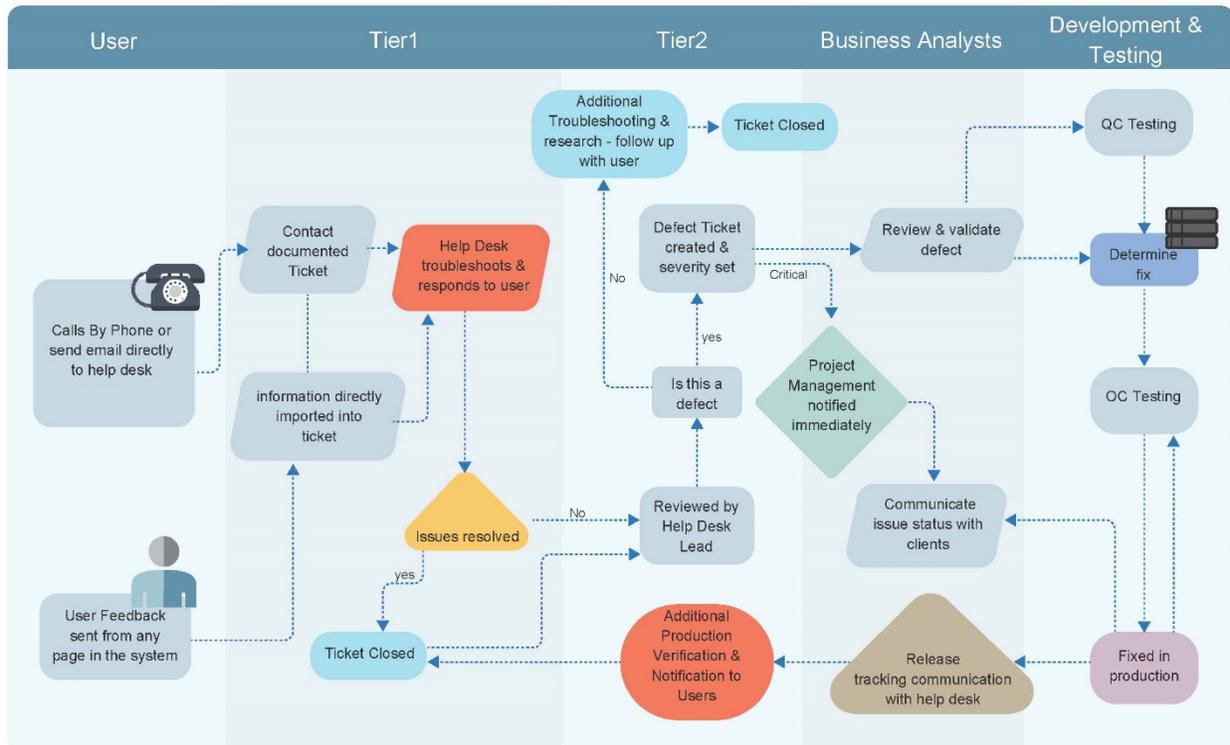


Figure E.4-23. Detailed Support Triage Method

Additionally, if another user is experiencing the same or a similar issue, any help desk tickets can be associated with the incident ticket and all users will be notified as soon as the item has been resolved in production.

Company support staff will accomplish system/application maintenance and minor modifications as an element of our operational support following deployment of the DHS solution. This will continue throughout the contract period of performance. As a part of our comprehensive operations and maintenance (O&M) framework that ensures availability, continuous updates, and enhancements, we proactively manage these tasks. The framework follows an ITIL-based approach, with well-established processes and procedures, and a comprehensive information security and privacy program. Documentation and management of these support activities are enabled in part through our change control process and ticketing system.

We leverage our internal change control process for changes to the application and supporting infrastructure. These changes can span adapting the application to a changing technical environment, application reference table updates, data elements updates, recompiles, and simple edits to the user interface. Changes can also be the result of remedies to reported defects. An internal Change Control Board (CCB) meets on a weekly basis to review all changes. All changes are submitted as Request(s) for Change and tracked throughout their lifecycle by an internal Change Management system. Company's change control process is also applied to critical production and security vulnerability issues through out-of-cycle Change Request (CR) review, approval, and action.

We spend significant time and resources to design a highly resilient system supported by an Information Technology Infrastructure Library (ITIL)-based and International Organization for Standardization (ISO) and the International Electrotechnical Commission (IEC) 20000-1:2011 certified O&M process and a Capability Maturity Model Integration (CMMI) Level 3 appraised development process. Problems and issues do occasionally occur, and as such, the support organization must respond appropriately.

The average turnaround time for fixes to the system depends greatly on the priority of the fix. A fix can be anything from a low priority user interface issue to something that could prevent a user of the system from being able to complete their job. Company uses a standard ITIL-based incident priority matrix, where overall incident priority is based on a combination of urgency and impact. The matrix in [Figure E.4-24](#) is used to derive an overall incident priority.

		Impact			Overall Incident Priority	Priority Matrix Value
		High	Medium	Low		
Impact	Low	1	2	3	High	1-2
	Medium	2	3	4	Medium	3
	High	3	4	5	Low	4-5

Figure E.4-24. Incident Priority Matrix

Company uses the guidelines in [Table E.4-9](#) to determine Urgency and Impact.

Table E.4-9. Urgency and Impact Assignment Criteria

Urgency	
High	End users are being acutely disadvantaged in some way, and they are unable to execute key transactions
Medium	<ul style="list-style-type: none"> ▪ Workarounds do exist but not ideal for long term use ▪ Users are inconvenienced in some way
Low	<ul style="list-style-type: none"> ▪ Workaround is acceptable for longer term of use ▪ Users are minimally inconvenienced, but are able to perform all required system operations
Impact	
High	<ul style="list-style-type: none"> ▪ A significant portion of end users are affected—greater than 70% ▪ The financial impact of the incident is high ▪ Significant likelihood of high reputational damage
Medium	<ul style="list-style-type: none"> ▪ A subset of users are affected—20% to 69% ▪ The financial impact of the incident is low ▪ Potential for moderate reputational damage
Low	<ul style="list-style-type: none"> ▪ Less than 20% of users are being affected ▪ Low to no reputational damage

[Table E.4-10](#) shows our average turnaround time for each priority of issue.

Table E.4-10. Turnaround Time by Priority

Priority	Average Turn Around Time
High	< 48 hours
Medium	3-5 Business Days
Low	2-4 weeks

D.3.2 Enhancements

For changes to the software which are out of the original scope of the requirements and that Company and the contract monitor agree are enhancements, we will establish a repeatable process for receiving Work Orders (WO) from DHS that require customization or enhancements of the Arkansas solution. Small configuration changes don't require this process. It's established for substantial development items and changes. The Company team currently executes similar processes for our solutions deployed to Maryland, Mississippi, and Virginia and has successfully used those processes for several dozen WOs. The LTSS Maryland project has used a process similar to this for almost 60 WOs over the past two years. Moreover, we use a similar process for documenting CRs that have been approved by the CCB on LTSS Maryland, including almost 200 CRs in the last two years.

While each instance of modification/enhancement processes is tailored to customer-specific needs, they all share similar activities sequences of identifying a change, determining a corresponding solution, determining resources and schedule required, developing a corresponding proposal and reviewing it with the customer, and implementing those changes approved by the customer. We will tailor our existing WO process to DHS-specific requirements to implement a responsive, effective mechanism to accomplish modifications and enhancements.

[Figure E.4-25](#) depicts the key activities within the process we will follow for the DHS WO. This process supports the division of responsibilities between DHS and Company. DHS will generate the WO requests,

review the proposed solution, schedule, and cost, and for approved WOs, review and accept the deliverables produced. Company will be responsible for receiving WO requests, seeking clarification when needed, determining the cost and schedule necessary to accomplish the work, and presenting that proposal to DHS. For those WO proposals approved by DHS, we will integrate the WO scope into our master schedule and TFS tool so that the work elements can be assigned, tracked, and managed. After completing all of the deliverables required by the WO and consistent with our proposal, we will seek DHS acceptance. Deliverable revisions, if required by DHS to gain acceptance, will be accomplished. Once deliverables are accepted, we will close the WO.

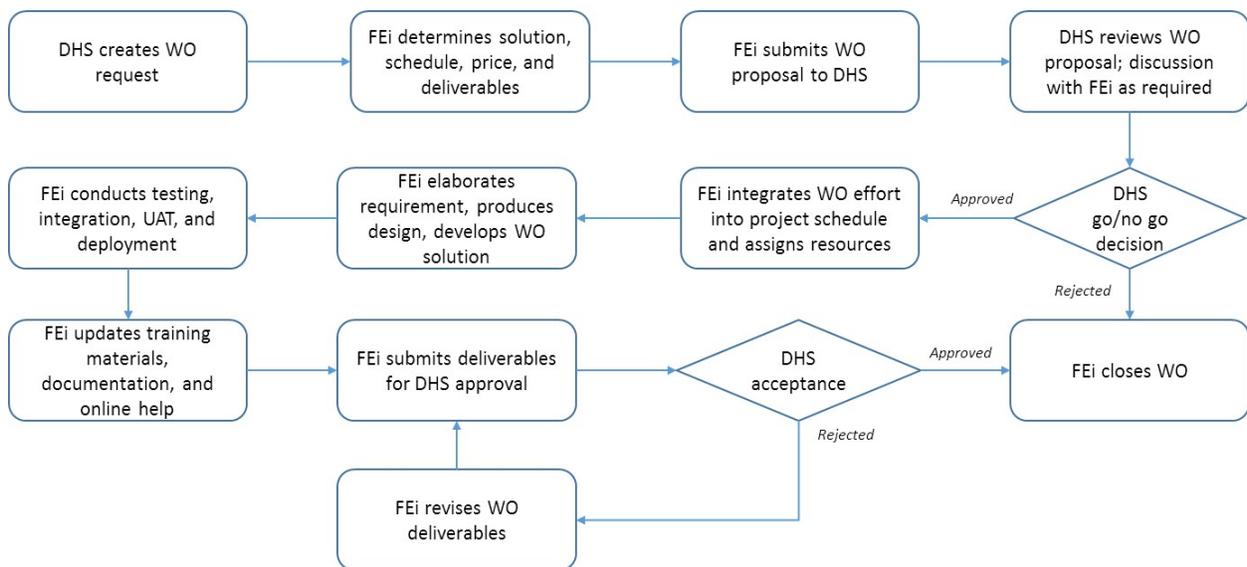


Figure E.4-25. Work Order Process

D.4. Describe your company’s plan to fulfill the Privacy and Security Requirements outlined in RFP Section 3.3 (J).

Privacy and Security Requirements

1. The Vendor shall at all times comply with the requirements of the Arkansas Personal Information Protection Act and any other State laws, regulations, rules, and policies regarding the privacy and security of information.

We understand and meet the State of Arkansas information security requirements applicable to the Independent Assessments and Transformation Support Program. Furthermore, as described below, we take information security seriously and have a robust program of sufficient rigor to prevent unauthorized access, use, disclosure, duplication, modification, diversion, or destruction whether accidental or intentional, in order to maintain the security, confidentiality, integrity, and availability of our information assets as well as those entrusted to us by the State of Arkansas and others.

2. The Vendor shall provide for physical and electronic security of all Protected Health Information generated or acquired by the Vendor in implementation of the Contract, in compliance with HIPAA, and consistent with the Business Associate Agreement executed between the parties (see Attachment A for sample HIPAA Business Associate Agreement).

Because of the scope of services we deliver, the sensitivity of information with which we work, the criticality of functions we provide, and nature of the customer missions we support, we are subject to most of the security, privacy, and governance rules, regulations, and laws in existence. As a result, Company prudently adopted a strategic approach for meeting these requirements by establishing an enterprise-wide, risk-based security program. This program is in direct accord with the State of Arkansas’

own operations. This approach provides great value to our customers as it serves as the basis for enabling state business processes to function without undue risk exposure all while ensuring compliance with state security requirements. It also has the added benefit of allowing the State of Arkansas to select our team as its partner based on our proposed solution with full confidence that its security, privacy, risk management, governance, and compliance objectives will all be met.

3. Within thirty (30) days after Contract Commencement, the Vendor shall provide an information security plan for review and approval by the Contract Monitor. Upon approval, the Vendor shall maintain the plan for the entire Contract term.

Company has developed and currently maintains a comprehensive System Security Plan (SSP) that encompasses all aspects of our approach to maintaining system security. Our plan is based on HIPAA Security Framework and National Institute of Standards and Technology (NIST) principles and is updated at least annually. We will provide a copy of our SSP within 30 days of contract commencement as specified. Once approved, we will continue to maintain this plan for the entire contract term.

4. The Vendor must make any changes to the information security plan requested by the Contract Monitor and resubmit the plan to the Contract Monitor within five (5) Business Days of the request.

We will first deliver the specified security plan in draft form affording the State of Arkansas an opportunity to review and provide feedback. We will then meet with representatives of the state to discuss feedback and will incorporate agreed upon changes thereafter within the specified timeframe. An appropriate allocation of resources will also be reflected within the overall project plan to periodically review and update this document as significant change occurs or if no changes occur, at least once per year.

D.5. Describe your company's plan to fulfill the On-site Security Requirements set forth in RFP Section 3.3 (K).

K. On-site security requirement(s):

1. To the extent any Vendor or Subcontractor employees are required to provide services on site at any State facility, if requested, the Vendor shall be required to provide and complete all necessary paperwork for security access to sign on at the State's site.

It is unlikely that during the course of our contract with the State of Arkansas, Company personnel will need to provide services on-site at a state facility. However, should such a situation arise, we will fully comply with applicable on-site security requirements as explained below.

All personnel performing services on behalf of a covered entity or other similarly regulated customer, who requires access to our systems, facilities, or sensitive Protected Health Information/Personal Identifiable Information data are subject to background investigations. Specifically, the Company team works with our customers to perform position sensitivity analyses for all personnel to determine applicability of this requirement and the corresponding level of background investigation indicated. Additionally, supporting the Company Program Team is an embedded member of our security department who serves as a Security Investigative Liaison to facilitate this process acting as the single point of contact for such investigations. This ensures our customers receive timely written notification of all new hires/terminations/resignations of team personnel.

2. If requested, this shall include conducting and providing to the State and DHS Federal criminal background checks, including fingerprinting, for each individual performing services on site at a State facility.

Whether or not a formal external background investigation is required, we subject all personnel to a background examination (and periodic reinvestigation) process. Minimally, references and previous employment experience are verified for all employees. Beyond this, either a detailed or an exhaustive

background check is performed based on the position's nature and need-to-know. Possible components include examination of criminal conviction records, lawsuit records, credit bureau records, driver's license records, as well as verification of previous employment. This control applies to new employees, re-hired employees, transferred employees, as well as third parties, such as temporaries, contractors, and consultants.

3. These checks may be performed by a public or private entity, and if required shall be provided by the Vendor to DHS prior to the employee's providing on-site services.

Company will coordinate with duly authorized representatives of the state to securely exchange completed background investigation reports when deemed necessary by DHS.

4. DHS shall have the right to refuse to allow any individual employee to work on State premises, based upon information provided in a background check. At all times, at any facility, the Vendor's personnel shall ensure cooperation with State site requirements.

Company acknowledges the state's right of refusal and Company personnel, working on-site at any state location, will at all times abide by the state rules.

5. Per the discretion of DHS, the Vendor or Subcontractor employees or agents who enter the premises of a facility under DHS or State jurisdiction shall be searched, fingerprinted (for the purpose of a criminal history background check), photographed, and required to wear an identification card issued by DHS.

6. The Vendor, its employees and agents, and Subcontractor employees and agents, shall not violate Department of Human Services Policy 1002 (a copy of which is enclosed in the Vendors' Library), or other State security regulations or policies about which they may be informed from time to time.

7. The failure of any of the Vendor's or Subcontractor's employees or agents to comply with any security provision of the Contract shall be sufficient grounds for the Department to terminate for default.

Hereto, with respect to items 5-7, Company acknowledges that personnel working on site at a state facility are subject to the specified conditions.

D.6. Describe your Disaster Recovery and Business Continuity plan.

We have developed and maintain a master Disaster Recovery / Contingency Plan (DR / CP) that provides the required resiliency of operations of our infrastructure upon which all of our individual customer programs depend. The our DR/CP details the steps necessary, in the event of a disaster, to recognize a disruption of service and/or processes, recover from the disruption, and communicate information concerning the disruption to the user community. This plan is based on a comprehensive and recurring Business Impact Assessment that evaluates our internal and customer facing operations for anticipated scenarios (ranging from bomb threat and data center or equipment failure to loss of critical infrastructure or public workforce interruptions).

Complementing the above capabilities are CPs specific to the functions that support each of the major application systems up to but not including the activities otherwise covered by the DR capability of the host data center. For these plans, relative risks and recovery strategies are established thereafter and client specific Recovery Time and Recovery Point Objectives are set respectively.

Collectively, all of these plans together address requirements, preparations, and steps necessary to notify both customers and our Data Center Support Personnel concerning a disruption of service, monitor system status, and restore processing so that business functions can be restored after a disaster has rendered an information system inoperable. Consistent with customer requirements, the CP is updated whenever a significant change occurs, but on no less than an annual basis. Thereafter, each CP is reviewed

and approved by the appropriate Line of Business (LOB) Owner with responsibility for the system in question.

With respect to CP training, such activity occurs annually with a DR Test or a CP Tabletop Test. Company holds such exercises to provide real-world practice and training of the roles integral to the CP. Company also performs disaster simulations to review and update documentation, and to practice and provide training of peripheral roles. Tabletop Tests are conducted in accordance with National Institute of Standards and Technology templates and standards (for example SP800-34) to identify deficiencies in the CP. Additionally they evaluate the ability of designated personnel to implement the CP. The primary objective of the CP Tabletop Test is to ensure designated personnel (assigned to the plan) are knowledgeable and capable of performing their responsibilities and procedures as outlined in the CP, in a timely manner.

During the CP tabletop test, any barriers to the successful execution of the CP are documented for inclusion in an After Action Report. Following the completion of the Tabletop Test, the facilitator creates the After Action Report, which is typically completed within one or two weeks following the conduct of the test. This report summarizes the execution and results of the CP Tabletop Test as well as provides recommendations for improving the CP and CP Tabletop Test, as appropriate. Following the development of the After Action Report, the facilitator recommends CP changes to the LOB Owner and affected customer based on the lessons learned from the test. The CP is then updated, if appropriate, by implementing recommendations made in the After Action Report. If necessary, substantial test "findings" are tracked via the Plan of Action & Milestones reporting process (Corrective Action Plans).

E.5 TRANSFORMATION SUPPORT, TRAINING, & RELATED STAFF

We increase patient care effectiveness and reduce project risk with extensive provider/stakeholder experience and detailed training, staffing, and other plans successfully used on similar transformation projects.

DHS needs a contractor with a proven transformation approach that includes comprehensive planning, end execution of transformation activities to support the required volume of providers. Our experience with five states alone includes over 200,000 providers and millions of Medicaid stakeholders. Our assessment instrument and tier determination timeline is based on proven plans, methods, approaches and templates we have successfully used on highly relevant transformation projects in other states.

A.1. Describe your company's ability to support and train each Division's providers and stakeholder, per the volume estimates as provided in RFP Section 3.4 (A-C).

Our Transformation Support Reduces Project Risk and Improves Patient Experience of Care

- 20 years' experience supporting over 1 million providers and stakeholders in five states alone
- 24/7 access to regional training exceeds requirements
- >10,000 trainings delivered to identical populations in other states; 1 day response time for all coaching requests
- >48 provider trainings each year
- Detailed training plans and success factors successfully used on other relevant projects
- Unlimited "Just in Time Training" requests
- Project staff of 126 FTEs includes assessors (92), regional leads (12), and 13 other project roles staffed at various levels

Our ability to support and train Division providers and stakeholders is based on successful past experience and performance on larger projects and our current training capacity to support DHS.

Experience: Company has successfully supported and trained over a million providers and stakeholders—easily exceeding the requirements for this project. Our most relevant transformation experience includes five different states as summarized in [Table E.5-1](#).

Table E.5-1: Company's Relevant Support and Training Experience

Multi State Agency Projects	Support and Training Volumes	
Arkansas DHS, DAAS, DBHS, DDS	920K 6.9K 295K	Medicaid members Providers Waivers Spend per Year
California DHCS, DPH, DTS, HHSA, OSHPD	11.8M 104K 3.185B	Medicaid Members Providers Waiver Spend Per Year
Florida ACH, CITS, DMS, DOH, HCSEF	3.6BM 53 K 1.376B	Medicaid Members Providers Waiver Spend Per Year
Ohio DOH, OIT	3M 40K 1.960B	Medicaid Members Providers Waiver Spend per Year
Oregon PHD, DHS	1M 11K 990M	Medicaid Members Providers Waiver Spend Per Year
West Virginia DHHR, BPH	575K 5.2K 426M	Medicaid Members Providers Waiver Spend Per Year

Capacity: Company has the capacity for successful transformation. We maintain a full-service in-house training organization, assigning trainers and technical support personnel as needed to effectively support the Arkansas provider and stakeholder community. Based on all of this experience, Company meets all critical factors to provide a robust training and outreach program.

In our PA program alone, we have delivered over 10,000 trainings to identical populations

- **Staffing:** In addition to the dedicated Arkansas 130+ FTE's we have the capacity to tap into another 140+ equally qualified professionals and our corporate training team.
- **Experience:** 200,000+ assessments processed annually; 30+ Years Quality Management; 9 Waiver Programs Served.
- **Training:** Appropriate and effective Provider outreach and quarterly service-specific calls. Using an open forum, we answer questions, address concerns and identify challenges and conduct in-person, web conference or web-based training as requested. Training materials are available online and a help-desk is available post training. Company University online training available 24/7, and Advisory Council as outreach.
- **Planning:** As demonstrated in our Work Plan Company has an advanced planning approach based on lessons learned from multiple similar successful efforts.
- **Communications and outreach:** Company is expert in provider training and outreach. (Company's success in QI projects for our QIO contract is demonstrated in the fact that in some cases, we actually need to turn away providers who want to voluntarily participate in QI initiatives.)
- **IT Platform and Tools:** FEi Instruments, the proposed IT Platform and the Web Portal will effectively support all transformation efforts.
- **Risk Mitigation:** Our success training and supporting this effort is based on our ability to anticipate and mitigate risk. We understand the concerns that providers and beneficiaries face while speculating on current and future health care service delivery changes. We anticipate and mitigate issues to correctly set expectations.

Our training approach includes a combination of regional in-person training, webinar, and 24/7 on-demand training. Working in advance with DHS, we will submit proposed topics and schedules for review, comment, and approval.

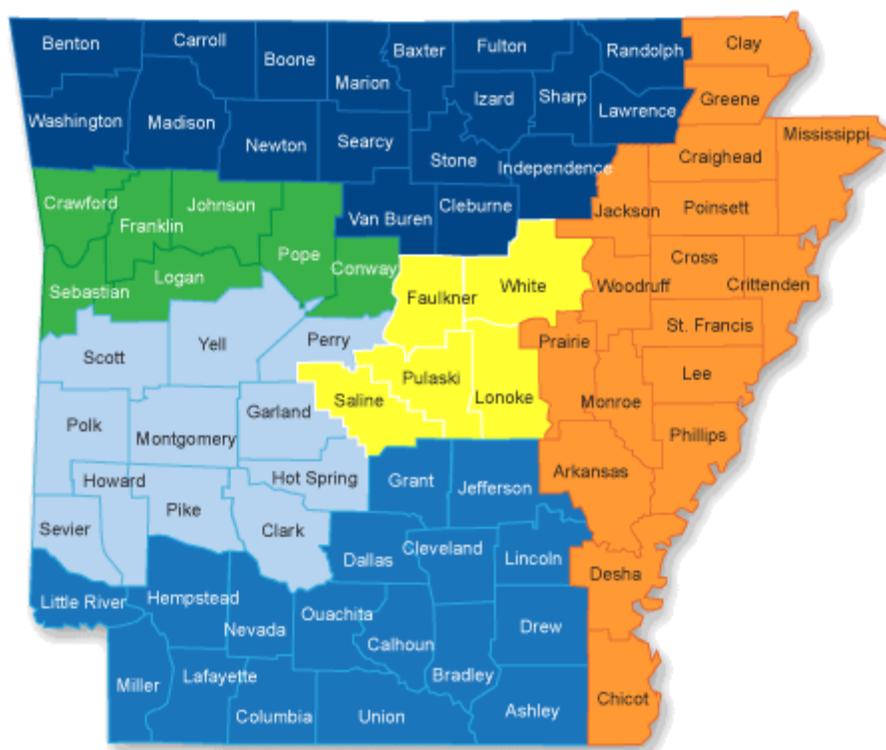
Company's average contract is 15 Years. Company will serve as a trusted partner for DHS.

The critical task of Transformation Support and Training will begin by the end of March and continue through June. Our approach includes outreach meetings to stakeholder groups, regional provider training, training for DHS staff, conference calls with providers, and communication materials for distribution via email and the website.

During implementation, we will discuss training recommendations with DHS and make adjustments as needed. Once the training curricula, schedule, and materials receive the DHS approval, we will establish training operations and begin enrollment. DHS and providers can enroll and download any training presentation on the Company website at any time.

A.2. Describe your company's proposed system of geographical regions for delivering training, support, and outreach services to the provider community and DHS.

We have developed a draft breakout of geographical regions (see [Figure E.5-1](#)), based upon the current six regions identified by the Arkansas Department of Finance and Administration. This breakout most closely aligns to current state services, as well as geographical areas.



Ozarks
 Delta
 Timberlands
 Ouachita's
 River Valley
 Central

Figure E.5-1: Draft Breakout of Geographical Regions

Both statewide staffing and training will be organized around these regional breakouts.

A.3. Describe your company's plan to address the provider and State staff objectives outlined in RFP Section 3.4(D) during the curriculum development phase.

Company deems education and training in both organizational and client-based arenas as one of the most vital components to ensuring quality outcomes through knowledge. In fact, Learning and Development (Training) is a key department within our organization. The objective of Company's Learning and Development Model is to develop, implement, track, and measure the results of training solutions designed to help individuals successfully achieve professional/operational/contract goals and expectations. Our proposed provider and State staff training programs incorporate this mission to ensure optimized outcomes for every provider and staff member that comes in touch with the program.

Company has extensive experience in training thousands of providers across the nation in less than 60 days, and other stakeholders on new program implementations, required processes, criteria, compliance, and improvement opportunities. Company's training and education will be developed and delivered by professionals qualified by credentials and experienced in effective training skills. To highlight our core approach to Stakeholder (both providers and staff) training curriculum development we present the following specific elements of our plan:

- **Audience Analysis/Needs Assessment** – The first step to Company's curriculum development is to clearly identify the audience and perform a needs assessment. Information obtained through the needs assessment combined with our clients training objectives Allow us to optimize our training resources by focusing on the most critical training needs. Ongoing training needs are identified by:
- **Define Curriculum Goals and Objectives** – Before course content is developed, goals and objectives are identified for each potential training activity.

- **Develop course content** – Our Education Director, Aldolfo Gonzales, MHA, will be responsible for the development of all training courses. Company uses proven principles of adult learning when designing training in order to maximize the program’s effectiveness by:
 - Identifying and using behavioral objectives to promote interest in the seminars
 - Using a variety of learning situations to increase attention and ensure that all participants are involved.
 - Preparing a full complement of visual aids (for example audio-visual presentations, hand-outs, graphs, etc.) to enhance the presentation and increase the effectiveness of individual presentations.
- **Develop Education Materials** - While education and training remain critical to success, the materials disseminated both before delivery and during sessions often become of paramount importance to training attendees. These materials will provide instant reference and improve recall of the actual training for those attending. They can also be reproduced and shared with those unable to attend. The materials will be the most important provider education tool, and will help to improve program efficiency.
- **Define Modes of Delivery** - Company utilizes a variety of training approaches including web based training, conference/workshops, Independent Studies and on-site presentations. All sessions are recorded and posted on the Web-Based Resource Center for future provider access if they were unable to attend or have new employees to train.

Our detailed plan is all-inclusive, including working cooperatively with DHS from the outset to provide detailed, accurate, and instructive materials that encompass pertinent regulations and process instructions across all provider types. Company’s innovative approach optimizes program efficiency and increases customer satisfaction. Additionally, our approach can be customized to meet specific needs and requirements.

The scope of the training program will encompass all topics, including but not limited to:

Provider training:

- Assessment Instrument Background
- Assessment Instrument Administration and Outputs
- DDS’ screening tool
- Divisional Tier Requirements
- Tier Determination Processes
- Billing Management Processes

State Staff training:

- Interfacing with the Assessment IT Platform as described in this RFP
- Assessment Instrument background
- Assessment administration and outputs
- DDS’ screening tool
- Assessment results to Tier Determination processes
- Provider billing structure changes as a result of new Assessment Instrument and Tier Determination implementation

Curriculum Development for State Staff: Each of the three Divisions has its own program structure, populations, and Tier Determinations requirements. For this reason, we will assign assessment instrument and Tier Determination support to three groups specific to the Divisions. Consultant (CEO and team) and the InterRAI researchers from the University of Michigan is the overall Tier Determination lead.

DBHS. This Division does not currently use a universal assessment instrument to identify needs for the 35,000 adults and children using DBHS services. With 70% of the population children with Serious Emotional Disorders (SED), members of our team will have behavioral health and substance abuse prevention, treatment, and recovery experience expertise for both children and adults as specialty areas.

DDS. Our previous work with this Division positions us well to create/select an Independent Assessment for Waiver services, or to help individuals transition to a public or private ICF. Additionally, we will also provide a Development Screen for children that physicians will use for referrals or prescriptions to DHMS and DDTSC services. Staffing to support this Division will include individuals with expertise in IDD and child developmental services, as well as Medicaid waivers.

The critical task of Transformation Support and Training will begin by the end of March. Our approach includes outreach meetings to stakeholder groups, regional provider training, training for DHS staff, conference calls with providers, and communication materials for distribution via email and the website.

Staffing this curriculum development project will be complete by May 1, key positions for Project Director and Project Manager hired by March 15 to support implementation. We plan to conduct training for staff during April. This approach ensures that we have resolved as many details as possible and can provide information concerning tools, assessment process, systems, and timeframes.

A.4. Describe your company’s plan to assess the educational needs of each Division’s provider community as well as DHS Staff. The assessment should identify and help anticipate the areas where the provider community will need the most support and training as DHS transitions to the new assessment processes.

Educational Needs Assessment: Company’s plan includes consideration of immediate and ongoing training needs After reviewing the finalized contract, Company will complete a training Needs Analysis (based on existing materials, gaps), we will identify subject matter experts, and establish a proposed curriculum of courses.

Our educational needs assessment plan consists of over 20 specific activities designed to meet the immediate needs of the provider community and DHS. As shown in [Table E.5-2](#), these activities are scheduled over a two month timeframe and include all the required live and Webinar training across the state in a “just in time” training approach two months prior to implementation.

Table E.5-2: Training Development Plan.

Month	Major Activity
	1. Review contract 2. Complete Training Needs Analysis (based on existing materials, gaps) 3. Identify SMEs 4. Establish courses / curriculum
	5. Begin drafting content for all audiences with SMEs 6. Schedule draft reviews 7. Schedule locations and dates; begin training scheduling with locations 8. Create first draft
	9. Continued draft development 10. Incorporate edits and input from advisory council
	11. Draft Website content and social networking page content Facebook 12. Format other training material content; test website 13. Revise basic draft to the three audiences (provider, recipient, State Staff)
	14. Final review and Company approval of courses, website, and printed materials

Month	Major Activity
	15. Prepare submission to DHS
	16. Submit materials for DHS review
	17. Incorporate DHS edits to all material 18. Obtain final signoff 19. Print
	20. Begin provider training 21. Initiate social networking page

Company will continue to work with DHS to identify trends that indicate potential topics for training:

- Obtaining feedback through routine conversations with providers during the course of review activities (on-the-spot suggestions)
- Obtaining feedback during any meetings of customer groups that we attend, such as medical societies, the hospital association, and other regional forums
- Receiving input for ideas from providers through previous educational evaluation forms
- Identifying provider needs through requests received during phone calls or through the Web-Based Resource Center.

Training Needs Assessment Based on Industry Standard Adult Learning Needs: Company’s approach to developing and providing training materials and manuals is based on adult learning needs, on inclusion of expert input, and on use of current media. Our Education Director far surpasses RFP requirements and has impressive experience in large rollouts.

Company’s group training (Live, Webinars) considers that varying experience, skills, and education with which professionals come to our training. Group training, then, is provided to the middle of that audience. Also as indicated above, we build training close to when it will be implemented for best retention. Finally, we also build in sufficient time for each topic, recognizing that adult’s process information slower than, for example, children do (for example we did when we were in school).

All materials will reflect each audience (i.e., clinical vs. customer service vs. recipients).

For individual learning (Company Learning System, Web-based materials that can be pulled down as desired, print materials), Company develops training in a modular format, building information in pieces, again, to account for varying adult skills being brought to the training. For recipient training, we generally adhere to the standard for cultural competency for the Medicaid population, a sixth-grade reading level.

A.5. Describe your company’s plan to notify providers of and perform in-person regional trainings in accordance with the schedule and guidelines in RFP Section 3.4 (F).

Company will conduct in-person regional training in each of the 6 regions listed above 30 days prior to the Year 1 of Operations, monthly during the first quarter after Go live, and quarterly after. As an accomplished veteran in the learning and development arena, Company recognizes that several known factors play into a successful marketing plan; with one of the most important being a full understanding of what drives the participants. We also recognize the critical components necessary to create an effective and wide-reaching education and training program, and we have integrated these factors into our trainings as presented below in [Table E.5-3](#).

Table E.5-3: Critical Components for Success

Success Factor	Description
Early Notification and Repeated Messaging	<ul style="list-style-type: none"> ▪ DHS approved email to be sent out no less than 60 days in advance of regional training

Success Factor	Description
Numerous methods of announcement	<ul style="list-style-type: none"> ▪ Follow-up notification sent thirty (30) days prior to the training ▪ Telephone calls ▪ Direct mail/email/list serves ▪ Direct mail/email to support organizations, advocacy groups, Lobbyists and state/local associations ▪ Web site posting ▪ Web messaging ▪ Newsletters ▪ Public Service Announcements ▪ Providers ▪ Area Office Staff ▪ Provider Technical and Alerts
Convenience	<ul style="list-style-type: none"> ▪ Location-close – Company has identified 6 Geographical areas for regional seminars. ▪ Accommodations-pleasing and comfortable ▪ Time of day ▪ Face 2 Face ▪ Interactive Web ▪ Learning ▪ Telephone conferencing ▪ Self-paced instructions ▪ Power point presentations ▪ Learning Management Modules
Relevant Material	<ul style="list-style-type: none"> ▪ Conduct formal needs assessment of stakeholders and offer training most desired ▪ Feedback based courses (from past training evaluations) ▪ Up to date resource materials and emerging best practices ▪ Using review outcomes to guide areas of critical need ▪ Agency input
Special Needs Friendly	<ul style="list-style-type: none"> ▪ Alternative Formats for materials ▪ Vision and Hearing impaired sensitive ▪ Facilities accommodating individuals with special needs
Attendance Tracking	<ul style="list-style-type: none"> ▪ Attendance is taken at each training session and tracked. This is completed through hard copy and online sign in sheets. Company will report information on providers that have attended at least one (1) training session per year to DHS in an approved format.
Training Evaluations	<p>Each training course is evaluated using one or more of the following evaluation technics:</p> <ul style="list-style-type: none"> ▪ Post-written evaluation ▪ Verbal feedback ▪ Web survey ▪ Online post testing
Product and Delivery Refinement	<ul style="list-style-type: none"> ▪ Assess and address all identified barriers to attendance by surveying attendees

A.6. Describe your company's plan to notify providers of and perform on-site coaching in accordance with the schedule and guidelines in RFP Section 3.4 (F).

Company will announce the availability of onsite coaching at each of the scheduled in-person regional provider trainings and also will provide a link to request on-site coaching on our website. On-site coaching sessions will be available forty-five (45) days prior and throughout Year 1 of Operations. Company has provided customized technical assistance to providers across the U.S. in all types of geographic and demographic environments. Our proven strategy to determine and address provider needs includes a combination of outreach, training, and technical assistance/coaching. We provide this process under the strictest customer service standards to make sure the practitioner's experience is easy and as little burden as possible.

On-site coaching sessions are available to stakeholders upon request and will at a minimum include a detailed review of the new assessment processes, training manual and a time for questions and answers. Training can be requested through Company's website, via email, or phone.

Just in Time Training
Request

Company will reply to all requests within 1 business day and provide the requester potential coaching dates. All requested training will be scheduled and completed within 14 days of receipt of the request.

Our significant success engaging clinicians in quality improvement and transformation initiatives, most recently on QIO contracts demonstrates our ability to successfully achieve the goals and objectives of this program. Clinicians know from our first communication that our goal is to help them get ready for the new assessment tools. We draw on our successful efforts on previous contracts including:

- A 27 state collaborative initiative with a physician practice EHR software vendor. We provided training and technical support to practices on proper submission of PQRS data through EHRs leading to all states successfully submitting physician data for reporting incentive payments.
- A successful PQRS project in which we worked with hospitals to assess readiness for transition to EHRs in their facilities with assessment forms, provided educational programs to help them learn more, assisted them in setting goals to keep the project moving forward resulting in 115 clinicians submitting their data through their EHR.
- A 10 state Hospital Acquired Infections (HAI) collaborative for hospital educational programming that followed our proposed processes for assessment of needs, readiness and motivations to change, educational programs, mentoring program with matched facilities, developing action plans with facilities for quality improvements, monitoring status and data for them, assistance in submitting HAI data to the CDC NHSN reporting system. This approach resulted in hospital improvements leading to 100 percent of involved states meeting HAI targets of 20 percent relative improvement.

A.7. Describe your plan for developing and maintaining a website that is easy to access, user-friendly, and compliant with the required capabilities outlined in RFP Section 3.4 (F).

During implementation, we will discuss online content and training needs for website development. We will make further recommendations and adjustments as needed. Once the training schedule and materials are approved by the DHS Project Officer's approval, we will complete website development and begin enrollment. All training presentations will be available on the Company website so agencies can download the materials for use 24/7.

Website and Live Webinars: To accommodate provider training, the provider portal will go-live statewide 30 days prior to the Go Live date. We will use various mechanisms for delivering training to potential users of our web-based [Arkansas] system. For example, in addition to conducting on-site provider trainings for high volume areas just prior to initiating the provider portal, we will offer at least two webinars. The webinars will be free of charge to providers and will be available on both the Company

and DHS websites. We will also distribute training information, frequently asked questions, and a software manual via our program-specific website.

A.8. Describe your company's plan to provide a help line dedicated to responding to the individualized needs of each Division's provider community with the required items outlined in RFP Section 3.4 (F).

Dedicated Helpline: Company will provide three toll-free numbers to provide customer service and technical support to the providers and Division staff for each of the three Department of Human Services Divisions supported by these programs. The DHS dedicated hotlines will uniquely identify to Company's Help Line staff which Division (DAAS, DBHS, or DDS) the question or problem relates to and therefore alert the Help Line staff as to which systems, assessments, and other issues may be involved even before the initial greeting.

We will man all lines live from 8 am to 6 pm CST, Monday through Friday (excluding recognized Arkansas state holidays). For calls that come in outside business hours, we will continue to use a messaging system and respond the following business day by 10 am CST.

The Company Help Line staff answers all calls received during business hours. The caller may choose to leave a message at the outset of the call by following the message prompt or remain on the line for one of the staff. For our existing call center business, over 99% of callers choose to remain on the line and speak with a representative, which is an impressive statistic that highlights the prompt response and resolution our customers and their stakeholders can expect.

Knowledgeable Staff: Company's Help Line staff will be the first triage line for the dedicated Division hotline. Hot Line staff will receive special training to answer non-clinical questions for recipients regarding the applicable Assessment Instruments, the Developmental Screening Tool, the IT platform and its use, as well as data sources for the respective provider communities, and billing questions. When required, clinical questions or additional higher level support questions we will route the call, using warm transfer technique, to the appropriate resource. Warm transfers involve staying with the caller on the phone while connecting with the higher level resource so as to prevent or minimize a potentially unsatisfying call experience for the provider.

Company's Help Line staff is in large part our "face" to the provider community and Division staff. As such, we ensure they are highly qualified and trained. Training involves education related to the phone system and all of its functions, call scripts that may be appropriate to facilitate quick identification of the issues presented by caller, job aids appropriate for assisting the provider caller – including familiarity with the Assessment Instruments and Developmental Screening Tools, and desktop references.

All Help Line staff will undergo the above mentioned focused training as well as "one on one" monitoring before they are allowed to handle calls alone. All training content will be reviewed and updated to include training any new rules, regulations or procedures that may be implemented after contract award.

Through Company's quality control processes, Help Line staff are routinely monitored with refresher training required when an area of deficiency is noted. The Call Center Supervisor will establish routine staff meetings to introduce changes in programs and provide a forum for reminders, updates and refresher training for all Help Line staff.

Helpline Maintenance: Company's telephone capacity is easily scalable. Scalability means that if reports indicate that call volumes either increasing or decreasing, Company can easily adjust. Company intends to initially over-allocate telephone lines assigned to the Departments Help Lines and actively monitor the utilization percentages of the life of the contract. Company agrees with the Department that their expectations and our typical implementation experience suggest that at any transition of systems,

vendors, change of policy, etc., call volumes will increase. As the comfort levels of providers and staff increase over time, call volumes will naturally be expected to decrease. Company will work with the Department and Division administration to analyze the volumes over time and come to agreement regarding appropriate reduction of allocated telephone capacity.

State Resources: As discussed in item ii., above, related to training of Company's Help Line staff, part of that training includes job aids and desktop reference material. To provider excellent customer service to each Division's provider community a list of resources will be built and distributed to all Help Line staff. As gaps are identified, Company will update with the appropriate references with the assistance and guidance of the Department or the appropriate Division administration.

Performance Standards: Company recognizes from the requirements stated by the Department that the Department has very high standards for Call Center management and places a premium on provider satisfaction. These two principles align perfectly with Company's standards and goals for the Call Center and Help Line staff. Provider satisfaction is a key component to any program where provider cooperation is required. All oversight programs should strive to make the burden on providers as minimal as possible while still achieving the goals of the programs. Provider satisfaction is one measurable factor that can contribute to the success of any program.

Company's Help Line telephone management system provides the statistics, reports and call monitoring capabilities that will assure the Department and Divisions that the requirements listed above are met or exceeded.

Any messages left during business hours (typically less than 1% of all calls received) will be returned within 45 minutes and all messages left after hours will be returned within 3 hours the next business day. Both of these Company standards exceed the Department's requirements listed above.

Helpline Standards: Company employs a state of the art, cloud based telephone system as the backbone of its Call Center technology. Evolve IP is highly scalable (as mentioned in the previous section on call volumes over the life of the contract) and highly flexible meaning changed in staffing or back up coverage for weather related closures is extremely cost effective and easy.

Company agrees that the timeliness of Help Line standards will be measured and reported to the Department and Divisions on a monthly basis as required. The Call Center / Help Line reports measure performance at the Help Line staff level, the dialed toll free line level and overall Call Center Level. The Help Line staff level reporting enables Company to identify agents in need of coaching to improve skills related to problem resolution. Most important to the Department is the performance of the Help Line personnel at the toll free line and Call Center level.

The Evolve IP Enhanced Reporting Center allows for reports to be scheduled to run at specific times in the future, in this case monthly, to track compliance with the Department's performance standards, as well as on an ad hoc basis in the event that the Department may want to investigate specific conditions. The Evolve IP Enhanced Reporting package includes all of the reports and statistics that would be necessary to the standards listed above. Along with the following call components, we can report on those callers who hang up while on hold, and the number of calls transferred to another staff member:

- Percent of calls answered
- Average speed of answer
- Length of calls in queue
- Average holding time by caller/group
- Agents (staff) required
- Queue/split comparisons
- Delay spectrum that reports abandoned and delayed calls hourly and over shift periods

- Number of callers encountering busy signals to ensure that no one is hearing a busy signal
- Information on trunk components such as idle and connect times.

Company routinely tracks standards by Help Line staff member, by toll free number, by time of year (month), and other ways so we can continuously reallocate resources to ensure we meet responsive times. The Evolve IP system and its Enhanced Reporting Center can give the Department assurance that it will receive timely and accurate statistics to use to manage the programs.

A.9. Describe your plan for creating and distributing training manuals for each Division's provider community.

Company will work collaboratively with DAAS, DBHS, and DDS to develop standardized training manuals to assist users with access to, understanding, and use of the system capabilities, as applicable. These manuals explain the basics of entering, viewing, editing, and reporting PASRR referral packets and subsequent determinations. The guide is organized by the menu functions located on the main screen. For each function, there is a brief description along with detailed process steps and screen shots to facilitate understanding. The User Guide/Training Manual is updated as product and process improvements and updates occur. Upon deployment of the provider portal and 30 days in advance of Go Live, Company will update the User Guide/Training Manual, distributing it to the DAAS, DBHS, and DDS provider communities as an augmentation to formal training. The Guide/Manual and updates will be distributed at in-person trainings and onsite coaching sessions; and will be accessible online to authorized users for easy download.

A.10. Describe your company's plan to notify providers of and perform live webinars in accordance with the schedule and guidelines in RFP Section 3.4 (F).

Through our previous experience, we have identified that the optimum approach to maximize attendance is to distribute the notification numerous times in a variety of formats. Company will advertise webinars to providers by utilizing a combination of the methods below.

- Direct email notification
- Web notice
- Announcements at trainings
- Stakeholder distribution
- Technical Alerts – email distribution

Live Webinars: Each year Company will offer at least two webinars regarding the assessment process. The webinars will be free of charge to providers and will be available via the Company and State websites. Upon contract award, we will work collaboratively with DAAS, DBHS, and DDS to determine a live webinar schedule, incorporating this schedule into the Work Plan so that it can be effectively monitored and managed.

As webinar courses are developed we will perform a walkthrough with DHS to attain feedback and approval prior to launching the webinar online.

We will send an electronic notification, via email and targeted social media with the time, date, location and agenda of the training 30 days in advance of each scheduled webinar.

B.1. Describe your proposed staffing plan for support, training and related services, and your process for maintaining a staffing level of your proposed staffing plan.

Company's staffing plan will maintain staffing levels and has three objectives:

- Recruit and hire knowledgeable staff with experience that is relevant to the work required under the contract, and provide them with appropriate tools and training
- Structure the organization in a way that supports communication and integration across contract responsibilities, but makes lines of authority clear to the client, all management and staff
- Monitor the performance of staff at multiple levels on an ongoing basis to ensure customer satisfaction.

Our ability to attract and retain superior personnel is exemplified in our proposed staffing plan. As indicated in earlier sections, Company has infused our proposal for the new contract with stellar leadership and expertise to radiate the kind of freshness needed in any transformation and to address DHS's new initiatives with a minimal learning curve; backed by the continuity of both top corporate (C-level) and incumbent DHS line/operational staff.

Recruit, Maintain Plentiful Network of Specialist

Company contracts with over 2500 licensed professionals as well as mental health professionals consultants for the assessment process with credentials in all major specialties and subspecialties including, but not limited to, pediatric, geriatrics, ID/DD specialist, and likewise. As needed, and with DHS permission, we can supplement this with highly specialized needs from our national pool of consultants representing more than 50 subspecialties.

Given the dynamic nature of the contract and the need for highly specialized types of staff, Company dedicates contract resources to meet Arkansas staffing needs. We have solely dedicated and HR specialist to be on site in the Arkansas office to ensure plentiful staffing in all areas of our operation. In addition, our Corporate HR team, our Medical Directors, along with our Project Director, will continuously recruit for assessors and other positions. This includes on-demand recruitment and hiring: Company's medical directors can temporarily credential and train a specific professional needed within 24 hours of identification.

Company assures DHS of credentialed, trained, licensed physician and all other professional staff (for example RN Assessors, supervisors, and the like) through thorough recruiting/credentialing, re-credentialing every two years to align with most licensures; and initial and ongoing training and monitoring. Our initial and ongoing training plan for staff is in [Section E.6](#). Here, we summarize credentialing and monitoring, and introduce our training program.

Company's organizational structure is unique in that we house human resources, training, and quality under one department to support employees essentially from hire throughout their tenure in every way.

All documentation for assessors (physicians and other staff) are maintained in our URAC-approved (via audits) Learning Management System (LMS); Peer Review Roster system (for physician reviewers); and adjunct systems to store related materials—resumes, office location, copies of licensures, insurance riders (for example current and accurate reviewer records). Our LMS documents enrollment through testing and

Company's capability to provide staffing levels is demonstrated in the quality and sufficiency of our proposed plan—both which significantly exceed RFP requirements to deliver DHS valid, accurate, and timely results.

certification/report results; and will document HIPAA, COI, and other related privacy and confidentiality training and signed statements.

Company’s key/essential personnel – Project Director, Project Manager, and Education Director are highly qualified in their respective fields, and surpass the RFP requirements. Our other topline managers are equally qualified.

We supplement our core project team with state and national experts via subcontractors personnel, and other consultants as needed (upon approval of DHS).

In addition to highly qualified staff, Company also proposes additional staffing types to support our innovative solutions. These include multiple medical directors to support the specialized workload and anticipated number of fair hearings from the new initiatives; an outreach specialist to mitigate barriers to transition and other outreach; and bilingual staff, including three of top-line managers. We assure DHS we can retain our highly qualified staff and our staffing levels through clearly defined successions plans and retention bonuses. Finally, Company also commits to supporting DHS’s State Project Plan by recruiting from small businesses and other diversity firms.

This section details our staffing plan. All Company project staff will reside in Arkansas. All operational staff including all key staff will be in our local Little Rock office with the exception of our field assessor staff to support the independent assessment initiative. The proposed staff is highly qualified with experience on multiple similar transformation efforts.

Staffing: We will provide the following dedicated project team, described in [Table E.5-4](#) below:

Table E.5-4: Staffing Dedicated Project Team

Position Title	Number of FTEs	Training job duties & accessibility to providers/stakeholders (i.e., in-person; phone; chat; etc.)
Assessors	92.09	<ul style="list-style-type: none"> ▪ Completes assessments with individuals in the community, using assigned assessment tools. ▪ Requests and verifies information from individuals being assessed. ▪ Is culturally sensitive to individuals whose support needs are being assessed. ▪ Practices good time management and organizational skills. ▪ Addresses difficult questions and problematic individuals, utilizing effective communication skills, problem solving skills, and adult learning strategies. ▪ Verifies the information received from the Beneficiary and the Beneficiary’s family members, caregivers, and/or guardians by cross-referencing all available information.
Regional Leads	12.00	<ul style="list-style-type: none"> ▪ Supervises all assessors for a specific region. ▪ Assures accuracy and timeliness of all assessments within contract requirements. ▪ Assesses, evaluates and addresses daily workload and queues; adjusts work schedules daily to meet the workload demands. ▪ Analyzes productivity of assessors. ▪ Responsible for the quality monitoring activities including identifying areas of improvement and plan implementation of improvement areas.
Customer Service Reps	5.00	<ul style="list-style-type: none"> ▪ Monitors and supervises daily workload of customer and administrative service areas, ensuring performance standards are

Position Title	Number of FTEs	Training job duties & accessibility to providers/stakeholders (i.e., in-person; phone; chat; etc.)
		<p>met. Reviews and analyzes work related data and makes workload adjustments accordingly.</p> <ul style="list-style-type: none"> ▪ Monitors service calls to observe employee demeanor, technical accuracy, and conformity to company policies. Conducts internal quality monitoring activities monthly. ▪ Resolves escalated issues and addresses customer complaints. Researches and conducts root cause analysis and develops responses to effectively correct concerns. ▪ Communicates and follows up to ensure representatives are fully informed of all new information related to products, procedures, customer needs and company related issues, changes or actions. ▪ Works collaboratively with implementation teams, IT, and others as identified to ensure effective and efficient operations. ▪ Determines work procedures, prepares work schedules, and expedites workflow. ▪ Ensures customer service related contract deliverables are met. Reports on contract deliverables on regular and ad hoc basis. ▪ Interviews, hires and trains customer and administrative service staff. Oversees training and orientation process; responsible for performance management and development of staff.
Trainer Specialists	3.00	<ul style="list-style-type: none"> ▪ Develops educational materials and engages with providers and state staff. ▪ Conducts educational needs assessments of providers and state staff. ▪ Provides regional trainings and on-site coaching. ▪ Delivers train-the-trainer training for stakeholders, state staff, and providers.
Clinical Supervisor	3.00	<ul style="list-style-type: none"> ▪ Assures accuracy and timeliness of all assessments within contract requirements. ▪ Assesses, evaluates and addresses daily workload and queues; adjusts work schedules daily to meet the workload demands. ▪ Analyzes productivity of assessors. ▪ Responsible for the quality monitoring activities including identifying areas of improvement and plan implementation of improvement areas. ▪ Participates in any Administrative Hearing process, legal proceedings, or any form of formal dispute as a result of a Beneficiary Appeal regarding assessment or Tier Determination results.
Helpline Operators	2.50	<ul style="list-style-type: none"> ▪ Provides clinical expertise to assessors in the field. ▪ Provides helpline assistance to all stakeholders for inquiries related to assessment tools, assessment outputs, tier requirements, tier determination processes, provider resources, etc.
Education/Training Manager	1.00	<ul style="list-style-type: none"> ▪ Responsible to the coordination and operation of all aspects of the transformational support and training related to the Arkansas program.

Position Title	Number of FTEs	Training job duties & accessibility to providers/stakeholders (i.e., in-person; phone; chat; etc.)
		<ul style="list-style-type: none"> ▪ Develops educational materials and engages with providers and state staff. ▪ Conducts educational needs assessments of providers and state staff. ▪ Oversees the provision of regional trainings and on-site coaching. ▪ Oversees the creation of use of the website and webinars. ▪ Arranges for the delivery of train-the-trainer training for stakeholders, state staff, and providers.
Medical Director	1.00	<ul style="list-style-type: none"> ▪ Provides clinical and medical consultation to assessors, including matters related to DBHS assessments and Tier Determinations. ▪ Chairs local Quality Improvement Committee and oversees overall quality of services provided under the Arkansas contract. ▪ Fosters appropriate external relationships with attending physicians/surgeons and other providers. ▪ Ensures compliance with regulatory and accreditation requirements. ▪ Participate in activities specific to contractual arrangements—i.e. Fair Hearings.
Quality Director	1.00	<ul style="list-style-type: none"> ▪ Responsible for overseeing day-to-day operations of the Arkansas Quality Management Program, including the design, development and oversight of quality monitoring activities. ▪ Plans, coordinates, and directs quality assurance program designed to ensure continuous quality of field-based assessments and screens, consistent with established standards and customer requirements. ▪ Establishes key performance indicators and maintains systems for tracking, reporting and improving performance. ▪ Reviews audit results and identify the severity of findings or the risk associated with the findings to ensure the appropriate level of action is taken to eliminate non-conformance. ▪ Tracks or follows up on corrective action plans in order to ensure completion of all items in the specified time frame. ▪ Oversees ongoing inter-rater reliability testing of all assessor staff. ▪ Performs quality assurance reviews of assessment instrument results, developmental screens, and tier determinations.
Call Center Manager	1.00	<ul style="list-style-type: none"> ▪ Monitors and supervises daily workload of customer and administrative service areas, ensuring performance standards are met. Reviews and analyzes work related data and makes workload adjustments accordingly. ▪ Monitors service calls to observe employee demeanor, technical accuracy, and conformity to company policies. Conducts internal quality monitoring activities monthly. ▪ Resolves escalated issues and addresses customer complaints. Researches and conducts root cause analysis and develops responses to effectively correct concerns.

Position Title	Number of FTEs	Training job duties & accessibility to providers/stakeholders (i.e., in-person; phone; chat; etc.)
		<ul style="list-style-type: none"> ▪ Communicates and follows up to ensure representatives are fully informed of all new information related to products, procedures, customer needs and company related issues, changes or actions. ▪ Works collaboratively with implementation teams, IT, and others as identified to ensure effective and efficient operations. ▪ Determines work procedures, prepares work schedules, and expedites workflow. ▪ Ensures customer service related contract deliverables are met. Reports on contract deliverables on regular and ad hoc basis. ▪ Interviews, hires and trains customer and administrative service staff. Oversees training and orientation process; responsible for performance management and development of staff.
Web Master	1.00	<ul style="list-style-type: none"> ▪ Works with content writers, graphic designers and artists in order to create an effective and interactive website. ▪ Arranges for, and monitors, website hosting. ▪ Troubleshoots website issues and arranges for resolution, when needed.
Program Director	1.00	<ul style="list-style-type: none"> ▪ Responsible for the overall coordination and operation of all aspects of the contract. ▪ Meets regularly with DHS during program implementation and on a periodic basis thereafter. ▪ Directs program through objectives and goals assigned for contract compliance. Monitors metrics and daily operations to ensure success. ▪ Collaborates with program leaders, both locally and at the corporate level, to improve processes, determine training needs and identify improvement opportunities. ▪ Provides leadership and supervision to staff assigned to the program. ▪ Oversees budget review and analysis. ▪ Assesses all systems—including contract, policies and procedures, workflows, etc.—to ensure the highest level of customer and stakeholder satisfaction.
Project Manager	1.00	<ul style="list-style-type: none"> ▪ Responsible for coordinating the implementation and operations of the items in the Arkansas contract. ▪ Establishes action plans, critical indicators, timetables, and performance measures to guarantee high quality services and timely deliverables. ▪ Ensures that contractual service standards and customer expectations are satisfied. ▪ Works with the management team to develop and enhance the operational structure, including skill set requirements, gap analysis and training plans. ▪ Selects and retain staff compatible with Company’s mission, vision, and values and are aligned with the Arkansas contract requirements.

of how that stakeholder has been involved with Company. Through networking within this group, the Outreach Specialists will solicit input on critical program elements.

Education and training webinars will be held for providers at least 48 times per year (not including implementation training) and will include program updates and specific training topics. Individual webinars or seminars will be done at the request of providers to address a specific training need. Educational and outreach needs will be analyzed and monitored by participant feedback and tracking and trending of review activity.

In addition, we will work closely with stakeholders to present at organizational meetings when appropriate. Meetings and trainings will be done collaboratively with other stakeholders when possible. Speaking opportunities and partnerships will be sought by the OS to promote the assessment program, and the benefits to the Medicare recipient. These will be accomplished by in-person appointments with providers as well as driving provider staff to the Company website where they can find a speaker for their event or additional information. Follow-up with the providers will occur once an appointment with an OS has been completed through an online feedback device, such as Survey Monkey. We complete a Plan-Do-Study-Act (PDSA) process confirming that methods can be monitored and corrected if necessary to demonstrate a strong return on investment (ROI) for the State.

Our OS implement the "push" method for outreach by collaborating with our communications specialists (CS) to engage provider communities through mass communication efforts. In addition to the wide-ranging public relations general awareness campaigns executed via the website and other mass communication devices, our CS will coordinate targeted plans with the OS to place press releases and public service announcements within a market in advance of an OS reaching-out into that area. This approach promotes advanced provider and beneficiary knowledge of the program prior to OS arrival into that region, and facilitates our interactions with various provider/beneficiary audiences. Electronic newsletters will be used to provide updates all materials and updates will be posted on the Company website for easy access to stakeholders.

Our Outreach Plan also provides guidelines for the production of informational materials for the OS to provide to outreach audiences, including PowerPoint presentations to enhance our ability to reach several entry points into the provider beneficiary and stakeholder markets. WebEx presentations will also be made available to promote our ability to perform work remotely in order to achieve greater OS penetration on a larger geographic scale.

C.1. Provide a proposed timeline that outlines your company's plan to accomplish the following milestones during Start-up in preparation for the 7/1/16 Go-live for Assessment Instruments and Tier Determinations:

- Assessment of Educational Needs
- Development of Training Curriculum and Materials with DHS
- Website Development
- Intensive Period Operations, RFP Section 3.4(I)(5)
- Exit Transition Period, RFP Section 3.4(I)(6)

C.2. Provide a general end-of-contract transition plan which addresses the key components outlined in the RFP.

Company understands the need to ensure that there is minimal disruption to services to Beneficiaries and Providers and agrees with all scope of work provisions surrounding the potential transition to a new contractor. We agree to transfer all items identified by DHS in an approved format to a successor contractor at the end of the contract. Our plan includes assigning a Transition Project Lead that will

develop a transition plan and schedule of activities to assist with the management of the transition process. A high level outline of our plan is included in [Table E.5-5](#) below.

Table E.5-5: High Level Transition Process

Key Activity	Timeframe
Assign Transition Project Lead	Within 1 week of notification
Transition Period begins	At least sixty (60) days, but no more than ninety (90) days, prior to the last day
Exit Transition Plan & Schedule of Activities Submitted to DHS for approval	60 days prior to beginning of the Exit Transition Period
Information submitted to DHS/new vendor	Date to be determined by Contract Monitor

E.6 KEY PERSONNEL AND OTHER STAFFING REQUIREMENTS

We increase project effectiveness and reduce delivery risk with highly experienced key personnel, and proven plans and processes for staffing, subcontractor management, and related policies and procedures.

DHS needs highly qualified and experienced contract staff who are committed to a successful Assessment program. And a contractor committed to providing the tools and support to the program staff backed up with proven processes and procedures.

Our Highly Experienced Key Personnel and Proven Plans and Processes Improve Project Effectiveness and Reduce Risk

- 100% of the leadership team in place and poised for immediate startup
- Self-imposed penalties if staffing commitments are not met- 1 % of monthly invoice
- Comprehensive staffing plan and monitoring procedures
- Detailed subcontractor management plan with FEI
- Established background and licensing plans and processes
- **90% staff retention rate for the past 10 years**

A.1. Describe in detail how the proposed full-time administrator (Project Director) and full-time Project Manager’s experience and qualifications relate to their specific responsibilities. Include a resume for your Project Director and Program Manager.

The following [Table E.6-1](#) details how our Proposed Project Director and full-time Project Manager exceed all experience and qualifications required for the Arkansas Assessment contract. Their resumes are in [Resumes](#).

Table E.6-1: Proposed Project Director and Project Manager Experience and Qualifications

Name Position Title	RFP Qualifications and Experience	How Qualifications and Experience Relate to Responsibilities
Project Director	<ul style="list-style-type: none"> ▪ FT 100 % Dedicated to Project ▪ Coordination and operation of all aspects of SOW ▪ Similar experience directing similar size and scope operation ▪ Meet with DHS on a regular basis 	<p>Upon DHS’s approval, the Proposed Project Director will be a full time employee dedicated 100% to this project. As the point of contact for DHS and a Little Rock resident, she will be available for regular meetings, frequency to be determined by DHS. She has the following relative experience:</p> <ul style="list-style-type: none"> ▪ Over ten years of experience in executive leadership roles, operations management, quality management, training and education in the healthcare field with direct oversight of 50+ RNs serving 900,000 members. ▪ Assessments and screening tools with strong background in Medicaid. Strong understanding of multiple assessment tools and has managed eligibility and level of care determinations. ▪ Worked with individuals with developmental disabilities, serious mental illness and serious emotional disturbance, and complex medical needs. ▪ Case Management, Utilization Management, Disease Management, Quality (including grievances and appeals, URAC and NCQA and coding audits Accreditation). ▪ Excels in the use of technology, electronic health records, and the design and implementation of medical platforms to support program processes, determinations and notifications.

Name Position Title	RFP Qualifications and Experience	How Qualifications and Experience Relate to Responsibilities
		<ul style="list-style-type: none"> ▪ Highly proficient in Medical Management including Medicaid, Medicare, Commercial, Managed Care Organizations, TPA and Self Insured populations. ▪ Successfully implemented data analysis to improve outcomes and service delivery for her programs in Case Management, Disease Management, Population Management and Utilization Review. ▪ Systems implementation and project management and has the qualifications and skills necessary to manage DHS' Contract. ▪ Holds multiple certifications, holds a Facets, Train the Trainer Certification and is an InterQual Trainer for ISP/ISD ▪ Proven success with maintaining contract, state, and federal compliance
Project Manager	<ul style="list-style-type: none"> ▪ FT 100 % Dedicated to Project ▪ Coordinating and implementing operations ▪ Experience implementing similar scope/size project ▪ Experience coordinating with Subs ▪ Located in Little Rock 50% of time during business hours 	<p>Upon DHS's approval, the Proposed Project Director will be a full time employee dedicated 100% to this project and will be located in Little Rock no less than 100% of the time during business hours. She has the following relative experience:</p> <ul style="list-style-type: none"> ▪ More than 28 years of management and leadership success (240+ staff) serving small, medium and large organizations (500,000 enrollees). ▪ Led > 5 implementations of similar projects of scope and size successfully ▪ Managed upwards of >50 subcontractors at one time ▪ Quality improvement involving individuals and beneficiaries of all ages with varying medical and behavioral health needs. ▪ Transition planning, staffing model development and project quality/risk management. ▪ Assessment and screening of individuals for service plan delivery.

Proposed Project Director

Project Director has over ten years of experience in executive leadership roles, operations management, quality management, training and education in the healthcare field. She has most recently served as a Vice President of Medical Management and has extensive clinical skills and experience in assessing individuals of all ages with varying diagnoses including intellectual and developmental disabilities, serious mental illness, and serious emotional disturbance, as well as individuals with complex medical needs. She has a strong understanding of multiple assessment tools and has managed eligibility and level of care determinations. Project Director also excels in the use of technology, electronic health records, and the design and implementation of medical platforms to support program processes, determinations and notifications. She is highly proficient in Medical Management including Medicaid, Medicare, Commercial, Managed Care Organizations, TPA and Self Insured populations. She has successfully implemented data analysis to improve outcomes and service delivery for her programs in Case Management, Disease Management, Population Management and Utilization Review. Project Director has experience in systems implementation and project management and has the qualifications and skills necessary to manage DHS'

Contract. She holds multiple certifications, holds a Facets, Train the Trainer Certification and is an InterQual Trainer for ISP/ISD.

Proposed Program Manager,

Program Manager has more than 28 years of management and leadership success serving small, medium and large organizations within the Departments of Defense and Veterans Affairs. She has extensive experience in service and program quality improvement, increasing organizational effectiveness, leading change management, developing cost avoidance strategies and enhancing internal and external customer satisfaction within medical centers serving individuals and beneficiaries with varying medical, rehabilitative, and behavioral health needs. She has a broad mastery of outpatient medical operations and the assessment and screening of individuals for service plans and service delivery. She is skilled in managing and delivering healthcare services across a broad continuum of health and wellness programs, specializing in the areas of quality improvement, assessments, data analysis, operations, customer service, and medical management. She received her Master of Science in Nursing from Fort Hays State University in Hays, Kansas and her Bachelor of Science in Nursing from South Dakota State University in Brookings, South Dakota.

Proposed Education Director

Education Director has most recently worked as a Health Education Manager for a Healthcare Management Organization. He has a wide range of skills in operations management, education and training, stakeholder outreach, care planning, budgeting and finance, strategic planning, and improving program and beneficiary outcomes. He has developed multiple trainings for performance management, client relations, needs assessments, and recruiting. He has extensive experience in regulatory compliance and community education and outreach initiatives in the Medicaid field including involvement with ICFs. Education Director earned his Master of Healthcare Administration in Gerontology from the University of Phoenix, his Master of Health Services Administration from California State University in San Bernardino, and his Doctor of Medicine, Anesthesiologist, from Universidad de San Carlos in Guatemala.

Proposed Medical Director

Medical Director is a licensed physician in the state of Arkansas and has been board certified in Psychiatry since May of 2004, Geriatric Psychiatry since April 2006, and Psychosomatic Medicine since April 2008. He has served as a Director of Programs since 2011, chaired the VA Medical Center Institutional Review Board from 2009 through 2011, and has been an Associate Professor at the Division of Health Services Research in the Department of Psychiatry as well as in the Department of Geriatrics at the University of Arkansas for Medical Sciences since 2011. He has maintained a full time active practice while also spending many hours per week in clinical education and teaching. Medical Director has overseen appeals and grievances, quality of care, utilization management, peer reviews, conflict of interest, and medical examinations for Quality Improvement Organization, Commercial, Federal, and Medicaid contracts. His years of experience in working with and assessing vulnerable populations with multiple and complex behavioral health and medical needs will serve him well in this position.

Proposed Quality Director

Quality Director has over 20 years of healthcare program and administrative experience in support of continuous quality improvement for organizational performance measurement, data exchange processes, operations, compliance, data analysis, workflow development and transformation, population health, care coordination and policy development. Her strong commitment to excellence in service delivery and quality have helped her to meet program deliverables and successfully organize and coordinate tasks such transformation support projects and preadmission assessments for an acute comprehensive physical medicine and rehabilitation program. She has most recently served as a Program Manager and currently

possess a Federal Public Trust Clearance. She has extensive knowledge of Medicaid Data Warehouse claims data for member attribution, community needs assessment, population health metrics, and project planning for application of resources. Quality Director has her Bachelor of Arts in Sociology and Human Services from Western Connecticut State University and is currently working towards her Master of Public Health from New York Medical College.

Proposed IT Manager

IT Manager has most recently served as an IT Call Center Manager and has over 20 years of experience in technical systems supporting managed healthcare and call center system applications. She has an extensive technical background, mastering in hardware support, software support, and network and security support as well as project management experience. She specializes in numerous software, hardware, and network applications, reporting, data analysis, system builds, user acceptance testing, and statewide releases for call center and health record technologies. She has worked as a Security Analyst (Cyber Defense Engineer) and Senior Systems Administration Team Lead at two of the largest corporations in the U.S., Entergy and Walmart. IT Manager has successfully ensured that all IT activities have complied with company standards and government regulations. She holds multiple technology certifications and earned her Master of Arts degree in Computer Resource and Information Systems Management at Webster University and her Bachelor of Science degree in Computer Science at the University of Arkansas.

Proposed Call Center Manager

Call Center Manager has served as a Manager of Member Services overseeing 75+ call center staff with experience in Medicaid programs since 2003. She has assisted members and beneficiaries with coordination of benefits and advocacy activities and utilized complex platforms and systems to ensure compliance with all state and federal regulations and has remained fully compliant with DoD, CMS, HHSC, TDI, HEDIS, URAC accreditation, and state laws. Call Center Manager has ensured her team members received sufficient training about covered and non-capitated services, has coordinated multiple customer outreach programs, and has experience with working with individuals with developmental disabilities and behavioral health needs. She received her Bachelor of Science degree in Psychology and Biology from Texas A&M University.

Proposed Consultant

Consultant currently serves as the President of Company. Consultant has extensive experience in utilizing government approved assessment instruments and development screens as well as in developing and evaluating home and community-based systems (HCBS) for individuals with disabilities and long term illness for states, the federal government, and private sector clients. Consultant has written and presented on long-term supports and services (LTSS) and disability issues for US Senate Finance Committee, Senate and House staffers, several agencies within the U.S. Department of Health and Human Services and individual State governments, as well as interest groups (for example AARP and Families USA), and other private sector clients. Consultant has been involved in systems transformation efforts in Alaska, Colorado, the District of Columbia, Hawaii, Illinois, Maryland, Minnesota, and Texas. He also has provided consultation to the US Administration for Community Living (ACL) and the Centers for Medicare and Medicaid Services (CMS). Consultant served as the Director of Division for Advocacy and Special Issues (DASI), within the Disabled and Elderly Health Program Group, Center for Medicaid and State Operations (CMSO), CMS. His DASI responsibilities included overseeing the development and monitoring of the Real Choice Systems Change for Community Living Grants, the Medicaid Infrastructure Grants, the Demonstration to Support Employment and Independence, and the annual Real Choice Systems Change/Ticket to Work conference. He received his Ph.D. in Gerontology and Public Policy from the

University of Southern California, his Master of Arts in Human Development and Family Studies from Cornell University, and his Bachelor of Arts in Sociology and Psychology from the University of California.

Proposed Consultant

Consultant currently serves as an Associate with HCBS Strategies and has gained a wide range of experience around Medicaid funded home and community based services. This experience includes assisting states in planning and implementing projects to meet the requirements for the HHS Balancing Incentives Program (BIP), developing standardized tools for intake, screening, and assessment, creating protocol for monitoring of technology, and creating and piloting initiatives to gain Federal Financial Participation (FFP) funding. Prior to joining the HCBS Strategies team, Consultant worked as a clinical research assistant at the University of Michigan's Institute of Gerontology. He also has experience working as a lead resident care provider in an adolescent residential psychiatric facility and as a resident aide at an assisted living facility. He received his Master of Public Health in Health and Behavior and Education from the University of Michigan School of Public Health and his Bachelor of Science degree in Psychology with a Minor in General Business from Grand Valley State University.

A.2. Describe your plan for substitution or replacement of Key Personnel.

Backup Staffing Plan Accounts for Leaves of Absences and Key Personnel Coverage

Our extensive experience in multiple programs, including years of work with the State Medicaid programs and a careful review of the RFP requirements, provide Company with a clear understanding of the level of effort required to provide an effective program for Arkansas. Our proposed staffing model reflects the level of effort that we know it takes to serve our Medicaid clients.

Company monitors staffing/productivity ratios and assesses monthly to determine if staffing levels are adequate. For key positions within the Arkansas Independent Assessment and Transformation Program, we identify immediate backups and secondary backups to provide coverage for any reason, including leaves of absence. For example, should the Project Director require an extended absence, the Vice President would be the immediate backup for to DHS and should the Project Manager be out of the office while serving as the immediate backup, the Supervisor would be the secondary backup. During the Program Directors absence, the Vice President would also provide added support to the manager(s) serving as backup.

This same principle is exercised for the IT and Analytic staff. During implementation, and throughout the life of the contract, we establish procedures that eliminate any single points of failure.

Company maintains a cadre of both IT and healthcare professionals (referred to as the "SWAT team") who are **licensed and trained on all Arkansas Assessment procedures**. These subject matter experts (SME's) are located throughout the country to provide assistance during emergent situations such as a pandemic which could result in both high client utilization and excessive staff absenteeism. Upon DHS authorization, we also augment staff using temp-to-perm placement options using approved staffing vendors for either temporary or direct placement. This allows us to meet routine variations in staffing needs. An approved vendor list is maintained and updated throughout the year and is accessible to any hiring manager. We also provide information on fees and terms for approved vendors for direct placement opportunities.

Company's capability to provide staffing levels is demonstrated in the quality and sufficiency of our proposed plan—both which significantly exceed RFP requirements to deliver DHS valid, accurate, and timely results.

In the event that one of our leadership team members becomes unavailable for any reason, we will immediately notify DHS well within the specified contractually required timeframe. We explain our process

for handling the individual's workload and our timeline for hiring a replacement that meets all job requirements for that position.

Other Supporting Practices

Cross-Training. We cross-train our personnel, particularly at the processing center, so that there is support and back up when needed there. We have a succession plan for all areas, including IT, so that every key person on this contract has an understudy ready to step forward, and perform the duties of the key position temporarily, if the situation warrants. Company will notify the DHS of any key staff changes, and we will present our detailed plan to hire a permanent replacement. The replacement staff proposed will have qualifications and experiences at least equal to the person he or she is replacing. We will notify DHS about the personnel change. We will also report staffing levels and changes per requirements each year.

Continuous Recruitment. Given the dynamic nature of this contract and the need for highly specialized types of staff, Company dedicates resources to meet contracting staffing needs. It is our standard practice to continuously recruit for part-time and PRN reviewers. This includes on-demand recruitment and hiring—Company's medical directors can temporarily credential and train a specific physician specialty needed within 24 hours of identification of that physician as needed. We have used this strategy successfully in many of our other contracts.

One of the strengths of our staffing plan is the ability for our VP of Operations, Ms. Riehl, to step into her former Project Director role if needed; as well as multiple Medical Directors. Company's breadth and depth, and operational efficiencies in using our shared corporate pool of resources, also enables our corporate staff to step in as needed. These staff, such as training, IT, quality, and reporting are already engaged in the project in support of our dedicated Arkansas staff, so can easily support succession temporarily.

We will not reassign or replace key personnel without approval from DHS, following all of the RFP required procedures.

A.3. Describe your proposed staffing plan and your process for maintaining staffing levels in accordance with your proposed staffing plan.

Company's staffing plan will maintain staffing levels and has three objectives:

- Recruit and hire knowledgeable staff with experience that is relevant to the work required under the contract, and provide them with appropriate tools and training
- Structure the organization in a way that supports communication and integration across contract responsibilities, but makes lines of authority clear to the client, all management and staff
- Monitor the performance of staff at multiple levels on an ongoing basis to ensure customer satisfaction.

Our ability to attract and retain superior personnel is exemplified in our proposed staffing plan. As indicated in earlier sections, Company has infused our proposal for the new contract with stellar leadership and expertise to radiate the kind of freshness needed in any transformation and to address DHS's new initiatives with a minimal learning curve; backed by the continuity of both top corporate (C-level) and incumbent DHS line/operational staff.

Table E.6-2: Company's FTE Level of Effort

Recruit, Maintain Plentiful Network of Specialist

Company contracts with over 2500 licensed professionals as well as mental health professionals consultants for the assessment process with credentials in all major specialties and subspecialties including, but not limited to, pediatric, geriatrics, ID/DD specialist, and likewise. As needed, and with DHS permission, we can supplement this with highly specialized needs from our national pool of consultants representing more than 50 subspecialties.

Given the dynamic nature of the contract and the need for highly specialized types of staff, Company dedicates contract resources to meet Arkansas staffing needs. We have solely dedicated and HR specialist to be on site in the Arkansas office to ensure plentiful staffing in all areas of our operation. In addition, our Corporate HR team, our Medical Directors, along with our Project Director, will continuously recruit for assessors and other positions. This includes on-demand recruitment and hiring: Company's medical directors can temporarily credential and train a specific professional needed within 24 hours of identification.

Company assures DHS of credentialed, trained, licensed physician and all other professional staff (for example RN Assessors, supervisors, and the like) through thorough recruiting/credentialing, re-credentialing every two years to align with most licensures; and initial and ongoing training and monitoring. Our initial and ongoing training plan for staff is in [Section E.5](#). Here, we summarize credentialing and monitoring, and introduce our training program.

Company's organizational structure is unique in that we house human resources, training, and quality under one department to support employees essentially from hire throughout their tenure in every way.

All documentation for assessors (physicians and other staff) are maintained in our URAC-approved (via audits) Learning Management System (LMS); Peer Review Roster system (for physician reviewers); and adjunct systems to store related materials—resumes, office location, copies of licensures, insurance riders (for example current and accurate reviewer records). Our LMS documents enrollment through testing and certification/report results; and will document HIPAA, COI, and other related privacy and confidentiality training and signed statements.

Company's key/essential personnel – Project Director, Project Manager, and Education Director — all have average at least 20 years of experience each in their respective fields, far surpassing the RFP requirements. Our other topline managers are equally qualified.

We supplement our core project team with state and national experts via subcontractors personnel, and other consultants as needed (upon approval of DHS).

In addition to highly qualified staff, Company also proposes additional staffing types to support our innovative solutions. These include multiple medical directors to support the specialized workload and anticipated number of fair hearings from the new initiatives; an outreach specialist to mitigate barriers to transition and other outreach; and bilingual staff, including three of top-line managers. We assure DHS we can retain our highly qualified staff and our staffing levels through clearly defined successions plans and retention bonuses. Finally, Company also commits to supporting DHS's State Project Plan by recruiting from small businesses and other diversity firms. [Figure E.6-1](#) provides our proposed Organizational Chart.

This section details our staffing plan. All Company project staff will reside in Arkansas. All operational staff including all key staff will be in our local Little Rock office with the exception of our field assessor staff to support the independent assessment initiative. The proposed staff is highly qualified with experience on multiple similar transformation efforts.

Figure E.6-1: Staffing Plan. *Our staffing plan delivers an experienced project management team supported by highly qualified and licensed and/or qualified Assessors.*

Company's proposed staffing organizational chart is in [Figure E.6-1](#) on the following page. We propose over 126 FTEs including our subcontractors. Highlights of our structure include:

- Enhanced leadership involvement to support significant program transformations and additions, from our national HCBS Strategy expert
- Additional essential personnel, subcontractors, and staff such as LCSW for case managers and community resource coordinators
- Continuity in operations: Our Vice President of Operations, Colette Riehl, who has served as the Program Director for the Florida and California similar contract, brings experience and consistency in operational management to DHS and this enhanced services contract. Ms. Riehl reports to Ms. Meghan Harris, our COO, who also served as the Program Director for several of our Medicaid contracts and remains acutely involved with the ongoing contract further strengthening our leadership to ensure the continuity in operations.
- Clearly allocated lines of authority for critical tasks that include dedicated contract reporting, analysis, education, and management information systems (MIS) staff.
- Multiple Medical Directors (geriatric, IDD and pediatric populations) to ensure physician availability, especially in addressing fair hearings and resultant policy changes. Also provides standardization around cases that differ drastically around medically necessary criteria. Committed physicians will only enhance expertise and ultimately, help save time, reduce costs and improve care quality.
- Functions that do not benefit from local market presence and specialization are centralized to ensure service consistency and quality, and optimize economies of scale.

Company's organizational plan offers expertise throughout the structure, from the dedicated implementation team to our SME subcontractors. It allocates clear lines of authority and dedicated staff in IT, analysis/reporting, multiple medical director oversight, and more to ensure expert

In line with Company's best practices philosophy, we recruit and retain RNs, licensed psychologists, physicians and mental health professionals who are currently licensed in Arkansas. This best practices model ensures that minimum requirements for conducting independent assessments/ screenings for content, timeliness, and signatures are all met. Company maintains the ability to provide timely evaluations in all counties of the State of Arkansas.

Company has secured commitment letters from all our proposed key staff. To facilitate consistency by retaining personnel in our contract management and helping us meet or exceed performance standards throughout the life of the contract, Company will offer key personnel retention bonuses for staying in their Arkansas contract position for more than three years. This is a strategy we have used in the past for other contracts with success to leverage knowledge and positive performance and outcomes.

The adequacy of Company's plan in filling and maintaining Key positions is reflected in our 100% identified, committed key and top line staff; and our succession plan.

Additionally, [Figure E.6-3](#) clearly delineates our succession plan, should we need to put that in place. One of the strengths of our staffing plan is the ability for our VP of Operations, Collette Riehl MS, to step into the Project Director role if needed; as well as multiple Medical Directors. Company's breadth and depth, and operational efficiencies in using our shared corporate pool of resources, also enables our corporate staff to step in as needed. These staff, such as training, IT, quality, and reporting are already engaged in the proposal development and draft project plan support of our dedicated Arkansas, so can easily support succession temporarily.

Table E.6-3: Roles and Responsibilities

Job Title	Minimum Qualifications (Education, Experience, License, and Certifications)	Position Description/Responsibilities
Project Director	<p>Experience: 10 years of progressive operational leadership of a public and/or private sector healthcare entity, with at least 5 years in a position of direct operational authority for an entire operation. Significant experience managing contract operations, including contract administration functions. Public and private sector healthcare experience and/or has been involved in providing services to government or commercial programs.</p> <p>Education: BA or BS degree required. MA or MS preferred</p>	<ul style="list-style-type: none"> ▪ Responsible for the overall coordination and operation of all aspects of the contract. ▪ Meets regularly with DHS during program implementation and on a periodic basis thereafter. ▪ Directs program through objectives and goals assigned for contract compliance. Monitors metrics and daily operations to ensure success. ▪ Collaborates with program leaders, both locally and at the corporate level, to improve processes, determine training needs and identify improvement opportunities. ▪ Provides leadership and supervision to staff assigned to the program. ▪ Oversees budget review and analysis. ▪ Assesses all systems—including contract, policies and procedures, workflows, etc.—to ensure the highest level of customer and stakeholder satisfaction.
Project Manager	<p>Experience: Minimum of 5 years of experience in healthcare field. 3 to 5 years of recent management experience. Public and private sector healthcare experience and/or has been involved in providing services to government and/or commercial programs.</p> <p>Education: BA or BS degree required</p>	<ul style="list-style-type: none"> ▪ Responsible for coordinating the implementation and operations of the items in the Arkansas contract. ▪ Establishes action plans, critical indicators, timetables, and performance measures to guarantee high quality services and timely deliverables. ▪ Ensures that contractual service standards and customer expectations are satisfied. ▪ Works with the management team to develop and enhance the operational structure, including skill set requirements, gap analysis and training plans. ▪ Selects and retain staff compatible with Company’s mission, vision, and values and are aligned with the Arkansas contract requirements.
Medical Director/ Psychiatrist	<p>Experience: 10+ years of clinical practice preferred. 5 to 7 years of experience as a physician executive with significant accomplishments in integrating delivery systems, improving quality and utilization management programs and</p>	<ul style="list-style-type: none"> ▪ Provides clinical and medical consultation to assessors, including matters related to DBHS assessments and Tier Determinations. ▪ Chairs local Quality Improvement Committee and oversees overall quality of services provided under the Arkansas contract.

Job Title	Minimum Qualifications (Education, Experience, License, and Certifications)	Position Description/Responsibilities
	<p>coaching medical staff on healthcare business and practice issues. Minimum 2 years as a Medical Director preferred. Experience in Medicaid and Medicare programs. Prior quality assurance committee responsibility preferred. Education/Licensure: M.D. or D.O. with current non-restricted license to practice medicine by the Board of Medical Examiners. Active, unrestricted licensed in Arkansas. Board certification required.</p>	<ul style="list-style-type: none"> ▪ Fosters appropriate external relationships with attending physicians/surgeons and other providers. ▪ Ensures compliance with regulatory and accreditation requirements. ▪ Participate in activities specific to contractual arrangements—i.e. Fair Hearings.
Clinical Supervisors	<p>Experience: Minimum of three years supervisory experience in a health-care or social service field. Previous workload management experience strongly preferred. Familiarity with hearings and appeals procedures, and/or project management skills. Education/Licensure: Active RN or behavioral health licensure required.</p>	<ul style="list-style-type: none"> ▪ Assures accuracy and timeliness of all assessments within contract requirements. ▪ Assesses, evaluates and addresses daily workload and queues; adjusts work schedules daily to meet the workload demands. ▪ Analyzes productivity of assessors. ▪ Responsible for the quality monitoring activities including identifying areas of improvement and plan implementation of improvement areas. ▪ Participates in any Administrative Hearing process, legal proceedings, or any form of formal dispute as a result of a Beneficiary Appeal regarding assessment or Tier Determination results.
Regional Assessor Leads	<p>DAAS Team Leads: Experience: Minimum of 1 year supervisory experience and 1 year experience working with the elderly or persons with disabilities. Previous workload management experience strongly preferred. Education: Active Arkansas RN licensure required.</p> <p>DBHS Team Leads: Experience: Minimum of 1 year supervisory experience and 1 year mental health experience. Previous workload management experience strongly preferred.</p>	<ul style="list-style-type: none"> ▪ Supervises all assessors for a specific region. ▪ Assures accuracy and timeliness of all assessments within contract requirements. ▪ Assesses, evaluates and addresses daily workload and queues; adjusts work schedules daily to meet the workload demands. ▪ Analyzes productivity of assessors. ▪ Responsible for the quality monitoring activities including identifying areas of improvement and plan implementation of improvement areas.

Job Title	Minimum Qualifications (Education, Experience, License, and Certifications)	Position Description/Responsibilities
	<p>Education: Active Arkansas social work or mental health licensure required.</p> <p>DDS Team Leads: Experience: Minimum of 1 year supervisory experience and 2 years' experience working with individuals with developmental disabilities. Previous workload management experience strongly preferred.</p> <p>Education: Active Arkansas social work or mental health licensure required.</p>	
Assessors	<p>DAAS Assessors: Minimum of 1 year experience working with the elderly or persons with disabilities; RN Arkansas licensure</p> <p>DBHS Assessors: Minimum of 1 year mental health experience; Minimum of Bachelor's degree.</p> <p>DDS Assessors: Minimum of 2 years' experience working with individuals with developmental/intellectual disabilities; Minimum of Bachelor's degree and qualify as QDDP.</p>	<ul style="list-style-type: none"> ▪ Completes assessments with individuals in the community, using assigned assessment tools. ▪ Requests and verifies information from individuals being assessed. ▪ Is culturally sensitive to individuals whose support needs are being assessed. ▪ Practices good time management and organizational skills. ▪ Addresses difficult questions and problematic individuals, utilizing effective communication skills, problem solving skills, and adult learning strategies. ▪ Verifies the information received from the Beneficiary and the Beneficiary's family members, caregivers, and/or guardians by cross-referencing all available information.
Education & Training Director	<p>Experience: 5 years' experience in Health Education Management and expertise in preparing and delivering informational and instructional programs for adults, to include applying adult education theory and practice to curriculum development, course planning, and faculty development responsibilities and effective uses of technological education tools and audio/visual equipment. Also, 3 years of management experience.</p>	<ul style="list-style-type: none"> ▪ Responsible to the coordination and operation of all aspects of the transformational support and training related to the Arkansas program. ▪ Develops educational materials and engages with providers and state staff. ▪ Conducts educational needs assessments of providers and state staff. ▪ Oversees the provision of regional trainings and on-site coaching. ▪ Oversees the creation of use of the website and webinars.

Job Title	Minimum Qualifications (Education, Experience, License, and Certifications)	Position Description/Responsibilities
	Education: BA or BS in health, human services, or policy field required. Adult Education Teaching Certificate or training in instructional design, adult learning, education, instructional technology, or related field, strongly preferred.	<ul style="list-style-type: none"> ▪ Arranges for the delivery of train-the-trainer training for stakeholders, state staff, and providers.
Training Specialists	Experience: 3 yrs. experience in various training delivery methods, adult learning, instructional system design, training measurements and evaluation techniques. Recent and related experience in medical management field preferred. Curriculum design. Education: Bachelor's Degree required. Formal training in Instructional Design or a closely related concentration.	<ul style="list-style-type: none"> ▪ Develops educational materials and engages with providers and state staff. ▪ Conducts educational needs assessments of providers and state staff. ▪ Provides regional trainings and on-site coaching. ▪ Delivers train-the-trainer training for stakeholders, state staff, and providers.
Outreach Specialists	Experience: 3 years in healthcare, with a focus on public programs, outreach, and working with both individuals and providers in the community. Education: Bachelor's Degree	<ul style="list-style-type: none"> ▪ Works with operations and collaborates with project teams to plan interventions to reach physicians, providers and other stakeholders. ▪ Documents results, feedback and lessons learned from each intervention. ▪ Assists operations teams in designing practical tools associated with interventions that can be shared with collaborators. ▪ Collaborates with project teams in the development of appropriate communication mediums and materials and identification of effective distribution channels for specific target audiences.
Quality Assurance Director	Experience: Minimum of 5-7 years of management experience in a health-related field. Quality management and/or compliance experience required. Experience identifying organizational needs and recommending the appropriate improvements to increase organizational effectiveness.	<ul style="list-style-type: none"> ▪ Responsible for overseeing day-to-day operations of the Arkansas Quality Management Program, including the design, development and oversight of quality monitoring activities. ▪ Plans, coordinates, and directs quality assurance program designed to ensure continuous quality of field-based assessments and screens, consistent with established standards and customer requirements.

Job Title	Minimum Qualifications (Education, Experience, License, and Certifications)	Position Description/Responsibilities
	Education: Bachelor's Degree required. Formal training or certification in quality preferred. (CPHQ, ISO, Six Sigma) Master's degree preferred.	<ul style="list-style-type: none"> ▪ Establishes key performance indicators and maintains systems for tracking, reporting and improving performance. ▪ Reviews audit results and identify the severity of findings or the risk associated with the findings to ensure the appropriate level of action is taken to eliminate non-conformance. ▪ Tracks or follows up on corrective action plans in order to ensure completion of all items in the specified time frame. ▪ Oversees ongoing inter-rater reliability testing of all assessor staff. ▪ Performs quality assurance reviews of assessment instrument results, developmental screens, and tier determinations.
Human Resource Specialist	Experience: Minimum of eight (8) years as an HR Generalist with at least three (3) years of directly transferable experience at the same or similar level for the accountabilities listed. Education: College degree, preferably in a field that offered the opportunity to gain a well-rounded HR foundation. Additional class work in management type courses is beneficial and preferred. Certifications: PHR or SPHR, CEBS, CMS, and/or HPT are a plus.	<ul style="list-style-type: none"> ▪ Consult with hiring managers in the planning, approval, and implementation of staffing projections, recruitment strategies, posting/advertising, screening and applicant pool development, requisition/applicant tracking, and selection support; assist and facilitate the design of proactive staffing plans. Monitor department adherence to recruitment/selection policy and procedure. ▪ Serve as point of contact in the areas of employee relations, performance management, and employee discipline; advise both employees and management regarding employee relations issues including documentation; research, identify, and analyze specific employee relations concerns and make appropriate recommendations to management and/or employee. ▪ Process new hire, existing and exiting employee paperwork. Maintain employment files and a variety of other human resources functions of a highly confidential nature; for example documents necessary for implementing benefit coverage. ▪ Provide a range of generalist support and function as liaison with corporate HR including, but not limited to, FLSA, EEO

Job Title	Minimum Qualifications (Education, Experience, License, and Certifications)	Position Description/Responsibilities
		<p>(assist in resolving equal employment opportunity complaints), ADA (determining reasonable accommodation), FMLA, UC, WC, and employment issues. Discuss and advise on matters of controversy and possible litigation.</p> <ul style="list-style-type: none"> ▪ Provide individual advice and problem resolution to employees on employee benefits issues; administer individual employee benefits within policy parameters and monitors compliance with policy, procedure, and documentation requirements; review and refer policy variations to Corporate HR Director, as appropriate.
ITS Director	<p>Experience: Minimum 5 years of progressive management experience in IT. Education: Bachelors in Computer Science or IS related field required. Master's preferred.</p>	<ul style="list-style-type: none"> ▪ Oversees all operations related to the IT platform, including monitoring of IT subcontractor performance. ▪ Ensures all IT performance indicators are exceeded or met. ▪ Provides immediate support to DHS staff around IT issues, responding on site if needed and responding within 4 hours of request. ▪ Oversees compilation of all contractual and ad hoc reports.
Analyst/ Biostatistician	<p>Experience: 5 years in Health Service Research. Familiarity with research resources and use of available databases. Managerial skills. Knowledge of SAS, SPSS and Access highly desirable. Education: MPH or MS in Statistics or Health Service Research preferred. BS and significant relevant experience considered.</p>	<ul style="list-style-type: none"> ▪ Performs analysis of health care data using SQL. ▪ Develops unit tests. ▪ Takes business and client data to assist in reporting and to make recommendations.
Data Analyst (subcontractor)	<p>Experience: 2 years health care experience and/or data analysis experience High proficiency level with relevant programming/query languages and software platforms to perform various types of data analyses.</p>	<ul style="list-style-type: none"> ▪ Performs analysis of health care data using SQL. ▪ Develops unit tests. ▪ Takes business and client data to assist in reporting and to make recommendations.

Job Title	Minimum Qualifications (Education, Experience, License, and Certifications)	Position Description/Responsibilities
	Education: BA or BS degree required, MA or MS preferred	
Web Master	Experience: 2 years web design experience and experience with the use of Adobe Photoshop, Java, Flash, Ajax, and HTML. Education: AA or BA in related field	<ul style="list-style-type: none"> ▪ Works with content writers, graphic designers and artists in order to create an effective and interactive website. ▪ Arranges for, and monitors, website hosting. ▪ Troubleshoots website issues and arranges for resolution, when needed.
Customer Service Center Manager	Experience: 3-5 years of customer service/telephone in a similar call center environment and/or industry; at least 4 years supervisory experience required. Education: Bachelor's Degree	<ul style="list-style-type: none"> ▪ Monitors and supervises daily workload of customer and administrative service areas, ensuring performance standards are met. Reviews and analyzes work related data and makes workload adjustments accordingly. ▪ Monitors service calls to observe employee demeanor, technical accuracy, and conformity to company policies. Conducts internal quality monitoring activities monthly. ▪ Resolves escalated issues and addresses customer complaints. Researches and conducts root cause analysis and develops responses to effectively correct concerns. ▪ Communicates and follows up to ensure representatives are fully informed of all new information related to products, procedures, customer needs and company related issues, changes or actions. ▪ Works collaboratively with implementation teams, IT, and others as identified to ensure effective and efficient operations. ▪ Determines work procedures, prepares work schedules, and expedites workflow. ▪ Ensures customer service related contract deliverables are met. Reports on contract deliverables on regular and ad hoc basis. ▪ Interviews, hires and trains customer and administrative service staff. Oversees training and orientation process; responsible for performance management and development of staff.
Helpline Operators	Experience: Minimum of 2 years' experience as a clinician; Education: RN or mental health licensure	<ul style="list-style-type: none"> ▪ Provides clinical expertise to assessors in the field. ▪ Provides helpline assistance to all stakeholders for inquiries related to assessment tools, assessment outputs, tier

Job Title	Minimum Qualifications (Education, Experience, License, and Certifications)	Position Description/Responsibilities
Customer Service Representatives	Experience: 1-3 years healthcare environment with experience in customer service, provider relations, admissions or call center. Education: HS Diploma or Equivalent. Medical terminology and/or transcription experience preferred.	requirements, tier determination processes, provider resources, etc. <ul style="list-style-type: none"> ▪ Receives inquiries from Beneficiaries, providers, or other stakeholders by telephone, email, fax, or mail and communicates responses within required turnaround times. ▪ Responds to telephone inquiries and complaints in a prompt, accurate, and courteous manner following standard operating procedures. ▪ Investigates and resolves or reports customer problems. Identifies and escalates difficult situations to the appropriate party. ▪ Meets or exceeds standards for call volume and service level per department guidelines. ▪ Maintains logs and documents disposition of incoming and outgoing calls.
Administrative Assistant	Experience: 3 - 5 years administrative assistant or secretarial; healthcare environment strongly preferred. Education: Proficiency in MS Office AS from secretarial/business trade program required. Or HS Diploma or equivalent with significant, relevant experience	<ul style="list-style-type: none"> ▪ Provides administrative and clerical support to the Arkansas team, including faxing, copying, scheduling appointments, and ordering supplies. ▪ Handles the mailing of completed assessments to individuals and faxing copies to providers. ▪ Coordinates all mailroom activities.

Geographical Coverage

We have developed a draft breakout of geographical regions (see [Figure E.6-2](#)), based upon the current six regions identified by the Arkansas Department of Finance and Administration. This breakout most closely aligns to current state services, as well as geographical areas.

Director, and Project Manager at any time within or outside of work hours using assigned Company cell phones and email addresses.

Our commitment is further demonstrated from the top-down. Company's CEO, and COO will commit to meeting at least monthly and more frequently as the need arises to identify activities being planned that might require contractor support or input; how ongoing work fits into larger agendas for DHS and what, if any aspects of our progress on a given project are proving especially useful or are heading in directions not contemplated by DHS. In addition to monthly teleconferences, Mr. Dougher and Ms. Harris also will continue to meet face-to-face with DHS key officials at a minimum, three times a year and prior to implementing new programs to ensure a mutual understanding of program objectives and resources needed to support initiatives.

Communication Protocol. [Figure E.6-3](#) on the following page defines our communications protocol for the Contract Manager and DHS, as well as all Company management staff aligned with relevant DHS and other agency staff.

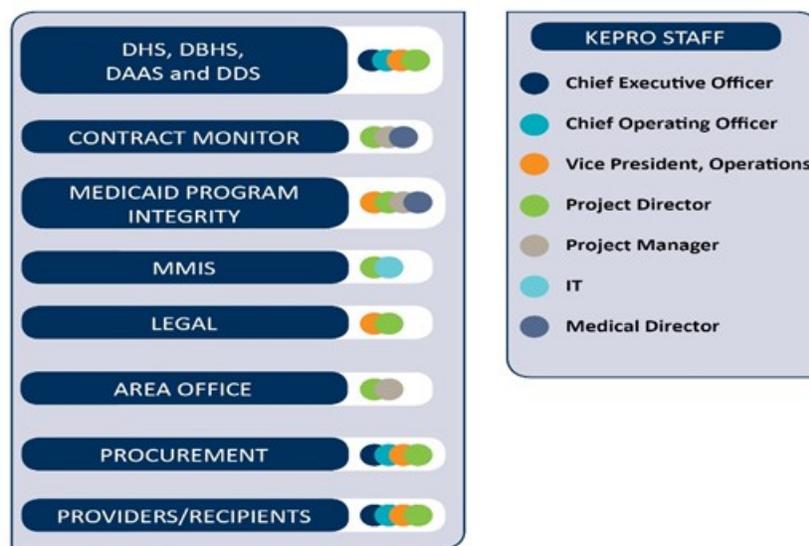


Figure E.6-3: Clearly Defined Protocols Ensure Smooth Contract Management

Dedicated Hotline. Company proposes a new dedicated "hotline" for DHS to Company to ensure that DHS receives the answers it needs from the best expert to provide it, and quickly. [Figure E.6-4](#) delineates.

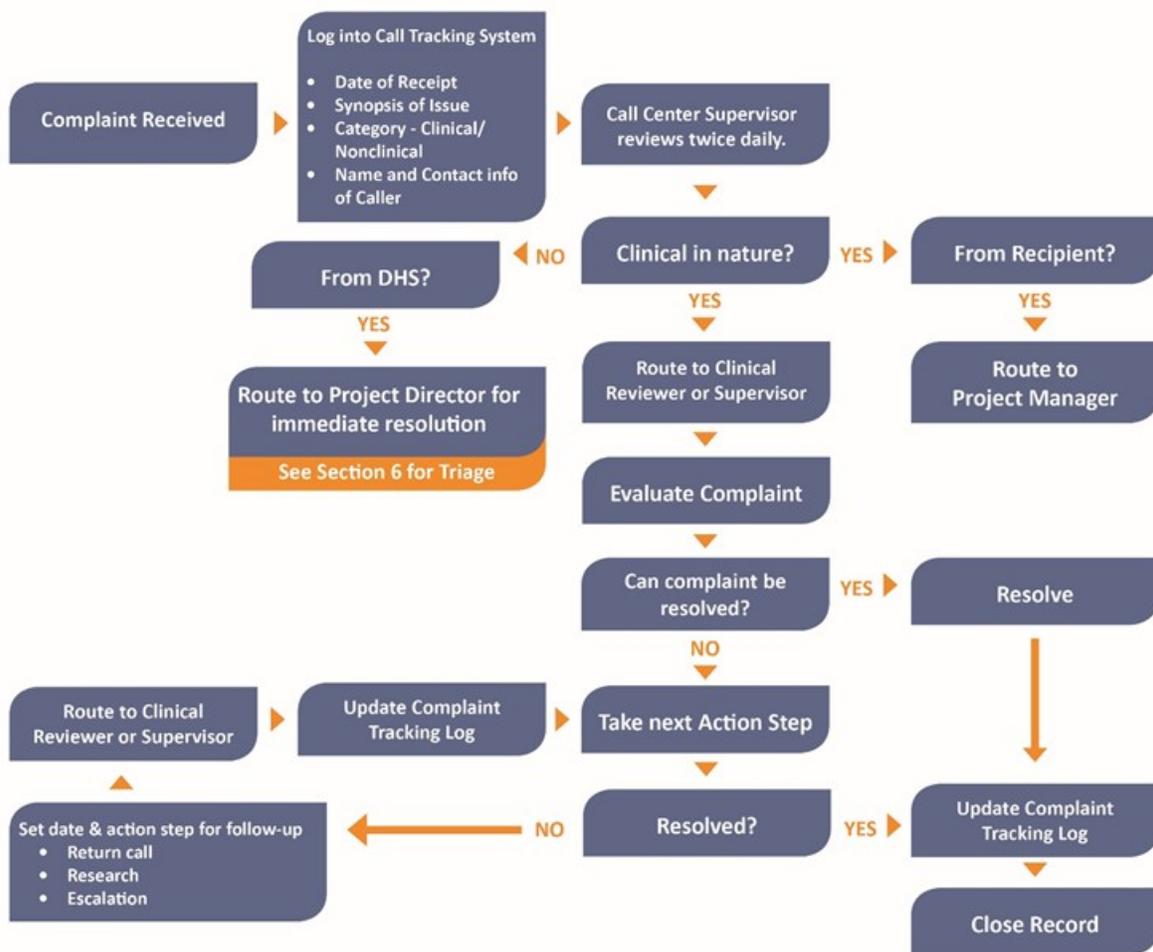


Figure E.6-4: DHS Dedicated Hotline Ensures Responsiveness

We describe how we identify aggregate full-time equivalent projections in [Table E.6-4](#). These assumptions are used to generate those projections. This ensures we maintain staffing levels in accordance with our proposed staffing plan.

Table E.6-4: Standard Operating Procedure

Staff Recruitment	
Step 1: Job Requisition Approvals	
<ol style="list-style-type: none"> 1. The Hiring Manager/Supervisor completes a job requisition form and submits it to the Operations Director or Department Vice President. 2. The Operations Director or Department Vice President signs the requisition and submits it for final approval as follows: <ol style="list-style-type: none"> a. For positions in Operations area, to the Chief Operating Officer. The COO will forward approved requisitions to the HR Manager (Recruitment). b. For positions in Support and/or Non-Operations areas, to the Vice President, Human Resources. Once approved, the VP, HR will forward to the HR Manager (Recruitment). 	
Step 2: Sourcing	
<ol style="list-style-type: none"> 1. The HR Manager (Recruitment) will review the job requisition. Upon assignment of the job requisition, the recruitment will be entered into the Applicant Tracking System (ATS), tracked and 	

Staff Recruitment

1. timed. The ATS will be set to prescreen for salary in all cases. Additional pre-screening for licensure, technical skills, etc. will be determined as the position requires.
2. The HR Manager (Recruitment) will contact the Hiring Manager/Supervisor and review qualifications and criteria, hiring salary points, etc. Sourcing strategy may be discussed at this time. (1 – 2 business days)
3. The HR Manager (Recruitment) will finalize the sourcing strategy and place all advertisements with a focus on effectiveness and cost-efficiency. (1 – 5 business days)
4. Upon influx of resumes the HR Manager (Recruitment) will screen and forward appropriate resumes to the Hiring Manager/Supervisor. (1 – 2 business days)
5. The HR Manager (Recruitment) will communicate, update and follow up with the Hiring Manager/Supervisor on a consistent and regular basis. (1 – 3 business days)

Step 3: Selection, Screening and Interviewing

1. Upon receipt of resumes, the Hiring Manager/Supervisor will review and select candidates for interview.
2. The Hiring Manager/Supervisor may request the HR Manager (Recruitment) to further screen for willingness to relocate (if applicable), job clarification and/or other factors.
3. With these requests, the Hiring Manager/Supervisor should forward a list of those selected candidates back to the HR Manager (Recruitment).
4. The HR Manager (Recruitment) will conduct the additional screen and report back to the Hiring Manager/Supervisor. (1 – 2 business days)
5. As candidates are identified, the Hiring Manager/Supervisor or their designee will set up an interview with the prospective candidate.
6. The Hiring Manager/Supervisor or their designee will inform the HR Manager (Recruitment) of pending interviews.
7. The Hiring Manager/Supervisor will discuss with the HR Manager (Recruitment) selection of final candidate. A target start date will be determined allowing for background check processing and expectation of notice on the part of the candidate.

Step 4: Offer and Background Check

1. The HR Manager (Recruitment) will make the conditional offer of employment. A letter confirming the conditional offer will be sent to the prospective New Hire along with background check forms and instructions to complete an employment application. The HR Manager (Recruitment) will inform the Hiring Manager/Supervisor of the prospective hire. (1 business day)
2. The Hiring Manager/Supervisor should begin preliminary preparations for the New Hire's arrival. (See New Hire Orientation SOP and/or the Supervisor Resource Guide: Section – Orientation.) All interview notes are to be submitted to HR Manager (Recruitment).
3. The HR Manager (Recruitment) will initiate the background check of the prospective New Hire. (1 business day)
4. The HR Manager (Recruitment) will review the background check and ensure that the prospective New Hire is cleared to start. (3 – 5 business days)
5. Should any questions or concerns develop from the background check, the HR Manager (Recruitment) will follow up with the prospective New Hire. (1 business day)
6. When circumstances warrant, the HR Manager (Recruitment) will discuss the background check with the VP, HR. The VP, HR will make a final determination of hire eligibility with input from the HR Manager. (1 business day)
7. The HR Manager (Recruitment) will inform the Hiring Manager/Supervisor if the prospective New Hire is unable to start. (1 business day)

Staff Recruitment

Step 5: Stopping the Clock

1. The HR Manager (Recruitment) will initiate and proactively monitor communication with the Hiring Manager/Supervisor during the recruitment process.
2. If within any 8 day period during the recruitment process, the Hiring Manager/Supervisor does not respond to communication attempts from the HR Manager (Recruitment), the tracking clock is stopped as of the last confirmed communication.
3. The tracking clock will begin again once communication between the Hiring Manager/Supervisor and the HR Manager (Recruitment) has been re-established.

Step 6: Cancellation of Job Requisitions

1. Job Requisitions may be cancelled by the Hiring Manager/Supervisor, Department VP or VP, HR in response to changing business needs.
2. All recruitment activities will stop immediately once the HR Manager (Recruitment) has been notified that a job requisition has been cancelled.
3. Cancelled job requisitions cannot be re-opened. Should business needs change resulting in a new recruitment action, a new job requisition is required.

Step 7: Time to Fill Metric

1. The HR Department is committed to meeting the Time-to-Fill goal of 90% of all hires within the timeframe as specified:

Classification	Time to Fill
Exempt	90 days
Non-exempt	40 days

2. Days are calculated using a 'paid date' definition from the date HR receives an approved job requisition to the employee's start date. Paid dates are business days and holidays the company would normally pay an employee for.

A.4. Describe your company's plan to conduct state and federal criminal background and Central Registry checks for all employees, agents, and sub-Contractors who have direct contact with the assessed individuals that are compliant with A.C.A. § 20-38-105.

As a long-term Federal and State contractor, we process large volumes of employee background checks from numerous sources. At Company, all candidates for positions are subjected to background checks and drug testing that are performed by a third-party company and consist of education and employment verification, as well as state and federal criminal background investigations. We impose these requirements on applicable sub-contractor personnel as well.

All project staff must meet licensing requirements for their respective discipline when applicable; successfully pass an Arkansas Department of Law Enforcement background check, including fingerprinting, before directly working with persons for which screenings and evaluations will be conducted. Results must be received and deemed acceptable prior to direct contact with persons served without other approved staff present. Company performs primary source verification for each member of our Arkansas team and provides documentation verifying each evaluator's qualifications and training are maintained by the Human Resources department.

The background check is conducted to verify the accuracy of the information provided by the candidate and determine his or her suitability for employment with the Company.

Company complies with the Fair Credit Reporting Act (FCRA) in the design and execution of our background checking program. Using a third-party investigator, we conduct state and federal criminal, educational, Central Registry and employment verifications on all employment candidates. Additional

verifications and clearances may be obtained dependent on job-related need, federal and/or state requirements or security sensitive positions.

Company's background process:

- Upon acceptance of the contingent offer of employment Human Resources sends the candidate the following items for completion and return to Company within 2 days
 - Summary of Rights under FCRA notification
 - Notice & Authorization
 - Consent & Disclosure
 - Company application
- Human Resources submits the background check through our third-party investigator
- In all cases, a hire is not finalized until the background results have been received and HR has reviewed the information to meet criteria.

Beyond Hire. Background checks may be conducted throughout the employment relationship. In accordance with federal and state requirement.

OIG verifications. Company conducts OIG verifications on a regular monthly schedule for clinical staff. We will include all staff employed for this contract as part of our normal verification process.

Adverse Action. Candidates, who after review of their background report, do not meet eligibility for employment will receive a pre-adverse action letter in accordance with FCRA requirements. Candidates who are unable to successfully contest the disqualifying information will be sent a final adverse action letter notifying them of their ineligibility for employment. Federal and state law will be followed in all activities.

Employees who become ineligible to continue employment due to checks conducted during the normal course of employment will be notified of potential adverse action in accordance with FCRA regulations. Any employee unable to successfully contest the disqualifying information will be advised of the termination of their employment with Company. Federal and state law will be followed in all activities.

Contracted/Subcontracted personnel. Company conducts a background check on contracted and/or subcontracted personnel placed on assignment according to the process described above.

A.5. Describe your process for ensuring all clinical staff have the appropriate State of Arkansas licensing and that proof of licensing credentials shall be shown to the State upon request.

Human Resources screens candidates, conducting licensure, and credentialing investigations. HR staff will verify the current license and credentials of personnel upon hire and verify renewal thereafter no less than every two (2) years. Any offer of employment is contingent on an acceptable outcome of the background screen, licensure verification, and/or credentialing process. We provide proof of licensure and credentials to the State upon request. Our credentialing and licensing process is described below.

Company can assure DHS of filling and maintaining our other staff, including physician reviewers, based on three qualifications:

- Many of our other proposed staff are incumbent staff, ready to go; this includes over 2500 Healthcare Specialist
- Company's strong success in Florida implementation, including staffing (see [Section 8](#)) also offers DHS assurance that we can easily

Company's 30 years of healthcare management offers DHS well-established and proven corporate credentialing, recruiting, and retention capabilities.

- Company’s corporate credentialing department, plus three Medical Directors, are all committed to ongoing recruitment, from implementation throughout the contract.

Initial Hire Credentialing, Re-credentialing

At the corporate level, our human resources department has policies and procedures for recruiting, interviewing (including primary source verification for education, training and licensures) and hiring—all vetted and proven effective from government audits conducted for existing work. [Table E.6-5](#) summarizes primary source verification, including hospital privileges.

Table E.6-5: Primary Source Verification, Re-credentialing Every 2 Years = Integrity

Source	Verification Element
Federal	Federal OIG List of Excluded Individuals/Entities (<i>not</i> on sanction list); National associations for complaints; US Citizenship (Social security number, passport)
State	Licensing board (including CEU verifications); Certification board; Liability insurance; Criminal checks
Local	Office address verification; Hospital privileges for each physician reviewer
Other	Education/Accredited graduate program/university or college; Post-Graduate Training; Work History; Drug testing

Application processing cannot be completed without all required credentialing fields being completed. Our documentation systems automatically generate re-credentialing ticklers based on start dates. Re-credentialing requires clinicians to resubmit licensure and confirmation of liability insurance (for physician reviewers), as well as update their credentials, training, or professional status. Primary source verification is re-conducted. Our re-credentialing rate is 95%, so we nearly retain our current roster.

A.6. Describe your policies and procedures to routinely monitor your staff and subcontractors for individuals debarred or excluded for participation in the Contract.

To avoid CMP liability, Company has incorporated quarterly checks of the LEIE to ensure that new hires and current employees are not on the excluded list. This process is incorporated into the credentialing procedures described above.

A.7. Describe any and all subcontractors listed on your Proposed Subcontractors Form, the tasks for which they will be responsible, and your plan for supervision and corrective action, if needed.

Table E.6-6: Proposed Subcontractor List

Scope of Work and Associated Tasks	
	DDS Assessment & Tier Determination & Screening Tool IT Platform Support and Operations Delivery of Software requirements specifications Delivery of UAT system Complete Training Sign-off on Production system
	Implementation Strategic Planning Coordinate and provide technical support for Division-specific Tier Determination meetings Provide consultation after award on Deployment Plan and Project Plan deliverables 1. Assist with formal Tier Determination Reports including

Children; 2007). In order to optimize our ability to ascertain situations of abuse, our assessors are trained to the latest National Institute of Child Health and Human Development forensic interview best practices-based techniques, for example:

- In order to facilitate comprehensive and accurate reporting by potential victims, interviewers are trained to emphasize that they do not know the details of the individual's experiences, that it is important for the individual to tell as much as they know, and that it is okay to disagree with or correct the interviewers if they make mistakes (Sternberg et al., 2002).
- Interviewers are trained to use open-ended questions ('tell me what happened') that tap recall rather than recognition memory; Specific questions typically elicit less accurate responses than open-ended prompts; they increase the likelihood of erroneous information and a reluctance to admit a lack of information; and should be used only to attain confirmation of allegations.
- The use of props (for example real items, scale models, toys, dolls, photographs) may increase the similarity between the event and the interview setting and thereby enhance recall by providing reminders of the event, or provide opportunities for the interviewee to overcome linguistic deficits by demonstrating rather than telling what they remember. At the same time, use of props has to be done cautiously and more as confirmation than the initial information because they can lead to incorrect and exaggerated responses.

Upon contract award we will work collaboratively with DHS to further customize our reporting process, incorporating State-specific forensic interview protocols along with reporting requirements discussed above to promote a comprehensive approach to managing this important and sensitive activity.

RESUMES

Project Role: Project Director

Experience Summary

Over ten years of experience in executive leadership roles, operations management, quality management, training and education in the healthcare field. Accomplished Nursing Professional with extensive clinical skills and experience in assessing individuals of all ages and making eligibility and level of care determinations for varying diagnoses including intellectual and developmental disabilities, serious mental illness and serious emotional disturbance, and complex medical needs. Strong understanding of multiple assessment tools and screening instruments. Extensive technical knowledge, use of electronic health records, and design and implementation of medical platforms to support program processes, determinations and notifications. Proficient in Medical Management including Medicaid, Medicare, Commercial, Managed Care Organizations, TPA and Self Insured populations. Specializes in data analysis to improve outcomes and service delivery involving Case Management, Disease Management, Population Management and Utilization Review Programs.

Employment History

Centene

2013 – Present

Vice President of Medical Management

Key Responsibilities

- Responsible for operational and financial oversight and management of the Medical Management Department of Arkansas Health and Wellness – Ambetter of Arkansas, Centene Corporation.
- Oversee medical operations and functions for Case Management, Utilization Management, Disease Management, Quality (including grievances and appeals, URAC and NCQA and coding audits Accreditation), Pharmacy, and Member Connections field representatives.
- In addition to day to day management of the clinical operations of the plan, serve as a member of HIM VPMM committee, Executive Team and most plan level Medical Management, Pharmacy and Quality Committees and Corporate Policy Committee.

Aetna

2009 – 2013

Director of Field Operations, Site Manager

Key Responsibilities

- Direct oversight of Clinical programs, strategic planning, and manage all operations and budget. Utilize systems and cost analyses to determine short and long term program goals and objectives.
- Clinical Liaison and point of contact to Clients in order to meet all program objectives. Manage all program and staff performance metrics, document and report on outcomes, and monitor tools for programs.
- Hire, train and oversee staff of 50+ UR nurses providing services for 900,000 lives to ensure rules in system, URAC and company standards and guidelines are generated, maintained and interpreted to meet best interests of the client, member and AHH and Clients.
- Develop standardized workflow processes utilizing national standards and guidelines which minimizes variation, enhances quality, reduces waste and brings uniformity and consistency to field operations.
- Member of Total Quality Management team; Co-chairperson of Leadership and Communication teams, member of ICD-10 integration team in alliance with Milliman consultants.

Novasys

2006 - 2009

Senior Director of Medical Management

Key Responsibilities

- Responsible for Medical Management Programs development and maintenance through monitoring the Care Management Vendors' (UR, CM, DM and UM) Programs. Evaluate methods of identification, enrollment and administration of the policies and procedures for managing members/populations in Care Management programs, utilization review activities such as pre authorization and referral services, concurrent inpatient review, discharge planning, Case Management, Disease Management and Patient Education services provided to members.
- Clinical Liaison to Clients in order to meet objectives, document and monitor tools for programs and evaluate processes in order to proactively identify and manage members to improve outcomes and decrease care costs. Prepare reports on Medical Management activities and co-operate with activities according to established schedules and in formats as required by the President and CEO.
- Coordinate Medical Management issues with health plan representatives and assist with health plan audits specifically related to the Medical Management Department. Maintain the working knowledge of payor and client contractual obligations regarding Medical Management programs. Develops relationships with the payor utilization contacts. Acted as Account Manager and liaison for 3rd party UR and CM vendor for State client. Reviewed/audited Codes in Clinical claims reviews.

Education

Registered Nurse, Baptist Medical System School of Nursing

Bachelor of Arts, Life Sciences, University of Arkansas at Little Rock

Credentials/Affiliations

Care Advance Enterprise Configuration Expert Certification; Professional – Academy of HealthCare Management; FACETS Configuration Expert Certification; Medicare Part A, Part B; Facets - Train the Trainer– Certification; DOI Regulations – Work shop; Certified Professional in Utilization Management Review/InterQual; Trauma Nursing Workshop; Certified Case Manager/CMSA; Asthma & Diabetes Disease Management Certification; ISP/ISD – InterQual Trainer; BESS/National Medicare; STARS/Regional and Local Medicare; Case Management Society of America/Member; American Nurses Association/Member; International Nurses Association/Member; Professional Business Women's Association/Member; National Coalition against Breast Cancer/Member

Project Role: Program Manager

Experience Summary

More than 28 years of management and leadership success serving small, medium and large organizations within the Departments of Defense and Veterans Affairs. Extensive experience in service and program quality improvement, increasing organizational effectiveness, leading change management, developing cost avoidance strategies and enhancing internal and external customer satisfaction within medical centers serving individuals and beneficiaries with varying medical and behavioral health needs. Broad mastery of outpatient medical operations and the assessment and screening of individuals for service plans. An agile, adaptive senior leader, team builder and change agent capable of handling complex challenges, exhibiting strong problem solving and critical thinking abilities.

Employment History

WellPoint Military Care

2016 – Present

Director, MTF Optimization Regional Service Officer

Key Responsibilities

- Responsible for program development, leadership and oversight of the western region including multiple assigned medical centers and clinics.
- Initiated several quality improvement initiatives to optimize efficiency, member access, quality and patient satisfaction related to the delivery of management care health care services.
- Responsible for transition planning, proposal writing, staffing model development and project quality/risk management. Establishes ongoing relationships demonstrating an emphasis to be a trusted partner in the delivery of healthcare. Responsible for hiring, training, coaching and evaluation of direct reports.

VISN 16

2015 – 2016

Rural & Connected Health Coordinator

Key Responsibilities

- Responsible for leadership and program management that enhanced service delivery to Veterans residing in rural areas within the VISN 16 catchment area (Ten medical centers and over sixty outpatient clinics serving over 500,000 enrollees).
- Direct leadership execution of all aspects of ten independent VISN 16 Telehealth Programs providing care to 200,000 enrollees.
- Responsible for acquisition and implementation of rural health grant dollars totaling over \$10 million in FY15.

Central Arkansas Veterans Administration System

2012 - 2015

Assistant, Deputy Chief of Staff for Primary Care Service

Key Responsibilities

- Responsible for all clinical and healthcare administrative functions of Primary Care Service. Supervised over 240 staff members providing primary care services to over 36,000 enrolled beneficiaries utilizing 33 Patient Aligned Care Teams in ten locations across Central Arkansas.

- Managed the day to day business operation of clinics to include patient access, utilization management, budget and quality care programs.
- Supervised the complex managerial and administrative components associated with critical healthcare issues and activities that influence the organizational mission, health care and policy.

Camp Shelby

2009 - 2011

Commander, Medical Task Force, Joint Forces Training Center

Key Responsibilities

- Commander of Medical Task Force consisting of over 160 military, civilian and contracted personnel. Responsible for synchronizing and providing medical support to all assigned external customers.
- Planned and executed training, maintenance, budget, health, morale, welfare and discipline of all soldiers with in the command.
- Provided medical mobilization and demobilization to elements of five major Army commands with a budget in excess of \$8 million.
- Supervised the management of the Health Care Professional contract supporting this mobilization effort.

U.S. Army Officer

1988-2011

Key Responsibilities

- Attained the rank of Colonel and awarded Legion of Merit upon Retirement. Worked in a series of progressively challenging positions during 23 years on active duty in the U.S. Army: Clinical Staff Nurse-Orthopedics; Head Nurse Ambulatory Surgery; Head Nurse Post Anesthesia Care Unit; Head Nurse Emergency Medical Services; Family Nurse Practitioner Staff Provider; Family Practice Officer in Charge; Army Nurse Corps Historian.

Education

Masters of Science in Nursing, Fort Hays State University, Hays, KS

Bachelor of Science in Nursing, South Dakota State University, Brookings, SD

Credentials/Licensure

Kansas 1998 until Present (Family Nurse Practitioner and Registered Nurse), American Nurse Credentialing Center: Certified Family Nurse Practitioner, Contracting Officer Representative Certification

Project Role: Education Director

Experience Summary

Extensive experience as a Health Education Manager for a Healthcare Management Organization. Wide range of skills in operations management, education and training, stakeholder outreach, care planning, budgeting and finance, strategic planning, and improving program and beneficiary outcomes. Developed multiple trainings for performance management, client relations, needs assessments, and recruiting. Extensive experience in regulatory compliance and community education and outreach initiatives in the Medicaid field including involvement with ICFs. Direct oversight of clinicians working with individuals of all ages and experience in developmental disabilities, intellectual disabilities, and behavioral health conditions. Specialize in budgeting, Cost and Benefit Analysis, Expense Control, Financial Statements, Reporting, Project Management, Restructuring, Strategic Planning, Team Leadership, Process Improvement, Recruiting, Training and Development, Performance Management, Needs Assessment, Presentations and Public Speaking, Risk Management, Regulatory Compliance, Customer Satisfaction, and Community Outreach.

Employment History

Desert Oasis Healthcare

July 2006 – May 2015

Health Education Manager

Key Responsibilities

- Developed, managed, on-boarded, sourced, and evaluated personnel including handling task delegation and performance management for this Health Management Organization.
- Identified and resolved issues and conflicts within health education team ensuring optimized engagement and productivity for clinicians and direct care staff.
- Designed and facilitated continuing education opportunities for all staff enhancing knowledge and skills.
- Established and continually managed health education program expectations with team members and other stakeholders.
- Oversaw preparation and analysis of reports, proposals, and presentations. Created and managed annual budget bolstering training and material purchases, and collaborated with directors, provider relations, and other departments in the coordination of educational programs supporting effective marketing program.
 - Increased appointments from 250 to 800, within 30 days for Diabetes Senior Clinic.
 - Boosted revenue through strategic management of the implementation of seven new educational programs
 - Facilitated increased education material for patients through strategic negotiations with Merck Pharmaceutical representative for branding and obtaining diabetes educational materials for patients.

County of San Bernardino Public Health

2009 - 2013

*Department Nutrition Program
Health Education Assistant*

Key Responsibilities

- Identified community education needs concerning nutrition education, health promotion projects and delivered key contributions to planning, development, and evaluation of grant requirements.
- Promoted health education, coordinated and executed advisory committee meetings supporting assigned project implementation. Created educational materials including pamphlets, posters, flyers, and materials for mass media release.
- Provided consulting to public health department staff, other health professionals, county employees, and members of the community on health education related to chronic disease prevention, and psycho-social dynamics involved when working with Latino community members.
- Trained and supervised health educator volunteers, as well as organizing and managing numerous programs including San Bernardino and Riverside Health Counties Collaborative, California Bone Health Campaign, and You Can! Steps to Healthier Aging Program.
 - Enhanced community awareness and recognition by participating in radio, TV, and newspaper interviews.
 - Successfully opened 5 senior community centers servicing 1k community members, within 3 months.
 - Grew San Bernardino and Riverside Counties Health Collaborative from 20 community organizations to 75 organizations, within two years by communicating with and on-boarding community leaders, national agencies, healthcare institutions, schools, and university system.

Medical Career College

January 2001 – June 2006

Medical Assistant Instructor

- Instructed students in medical assistant theory, medical terminology, clinical laboratory, phlebotomy cardio-pulmonary resuscitation, and electrocardiogram.
- Led classes in medical ethics, medical billing, medical coding, and computer skills, while promoting and evaluating student medical skills.
 - Facilitated higher than average scores for all students through development and implementation of positive reinforcement reward system for adult learners.
 - Increased job opportunities for students 30-50% by collaborating closely Job Placement Coordinator reaching out to private medical offices for internship opportunities.

Education

Master of Healthcare Administration (MHA); Gerontology (02/2011); University of Phoenix

Master of Health Services Administration / No Thesis (06/2006); California State University, San Bernardino

Doctor of Medicine Anesthesiologist (02/1989); Universidad de San Carlos de Guatemala

Credentials/Affiliations

BLS Certified Instructor

Smoking Cessation Clinical Facilitator

Certified Phlebotomist and instructor

Certified Medical Assistant Instructor

E.7 QUALITY ASSURANCE

We reduce project risk and increase project effectiveness with comprehensive quality assurance and monitoring processes used on similar transformation projects.

DHS needs a contractor with a comprehensive quality assurance solution that includes proven systems, plans, processes, and templates. Company applies the best practices we have developed as a QIO quality leader to consistently perform at or above DHS-prescribed levels for contract accuracy, reliability, and timeliness.

- To demonstrate our commitment to this project, we are proposing self-imposed penalties for not meeting Service Level Agreements including: 10,000/day for late implementation
- \$1000/day for late State Trainings
- \$500/day for late Provider Trainings
- 2% of implementation fee at risk for not training 90% of providers within 180 days
- \$50/assessment for each late Assessment
- 1% of Monthly invoice for failure to maintain adequate staffing
- 1% of Monthly invoice for any month in which the system is not up 99.8% of the time
- 1% of Monthly invoice for Abandonment rate >3%
- 1% of Monthly invoice for <95% of all calls answered within 3 rings or 15 seconds
- 1% of Monthly invoice for completing Average Monthly Assessment Emergency Assessments in ½ the contracted timeframe

Our Comprehensive Assurance and Monitoring Processes Reduce Risk and Increase Project Effectiveness

- Accuracy > 99% across all contracts for the past 10 years
- Assessor Reliability > 99% across all contracts for the past 10 years.
- Self-imposed penalties for not meeting SLA commitments
- 96 % customer satisfaction for past 5 years
- 3rd party customer satisfaction surveys every year
- Analytics/Education driven by monitoring/trend

A.1. Describe your company's plan to develop and implement a quality monitoring process operated by a quality assurance monitor, per the requirements set forth in RFP Section 3.6 (A).

Company's quality plans aligns with national URAC requirements and CMS best practice guidelines to excellence to ensure program integrity.

Company's business philosophy is rooted in the principle of continuous quality improvement—ongoing improvement that is consistently planned, measured, and evaluated. This philosophy both requires and ensures that we comply with all legal and statutory requirements, perform all contract activities in a professional and ethical manner, and provide products and services to contract requirements characterized by integrity and reliability.

Internal Quality Assurance Plan (IQAP)

Company's Internal Quality Assurance Plan (IQAP) monitors our systems, processes, and outputs to measure performance. The IQAP is implemented upon contract award and assures Company services are accurate and comprehensive; timely and performed within budget; achieve the objectives of the DHS. Partners in quality, our employees are a critical resource. We will finalize the IQAP at the time requested by DHS after contract. We will ask DHS for input and clarification.

The IQAP establishes the methodology for performance indicators and standards, creating a reliable and accurate measurement system, producing ongoing progress reports, analyzing variations in the process or output, planning and implementing corrective/ improvement actions, and monitoring the outcomes of those actions. The IQAP ensures that Company:

- Manages to the highest quality performance through ongoing monitoring and quality/process improvement activities
- Exceeds contractual requirements to the complete satisfaction of DHS and stakeholders
- Identifies key process indicators to measure performance.
- Clearly defines contract deliverables
- Identifies areas for improvement/change through the established use of quality improvement team(s) and recognizes strengths and best practices
- Conducts assessment, Developmental Screening, and Tier Determination activities according to DHS policies, state & federal regulations, and Company policies and procedures
- Evaluates assessments, Developmental Screenings, Tier Determinations and associated activities including the application of criteria and achievement of high Inter-Rater Reliability among staff
- Monitors performance and provides feedback to staff to improve accuracy and efficiency, meet timeframes for deliverables, and submit deliverables on a timely basis
- Monitors data collection methodologies and evaluates accuracy, efficiency, and timeliness
- Develops performance improvement plans for those employees who have not met acceptable performance standards; including identification of training needs to address areas of review requiring clarification and/or revision
- Provides quality indicator reporting and analysis to support outcome management initiatives and data-driven decision-making
- Is compliant with Utilization Review Accreditation Committee (URAC) national accreditation standards, legislative, and contract performance standards

The level of monitoring is risk-based. Risk assessments are conducted at the start of a new contract and throughout the contract term to identify high-risk compliance issues and to establish priorities, necessary monitoring activities, procedures/policies, and to determine auditing schedules.

IQAP Processes and Procedures

Company's internal quality controls deliver monitoring, accuracy, productivity, and quality output of all of its team members. Methods to achieve standardization of procedures include orientation of new employees, ongoing training of employees, defined policies and procedures, development of key process indicators, and monitoring of all activities. Company uses established methods to assure Inter-Rater Reliability for reliable review results between first level Assessors. Company employs a risk-based monitoring process in which the management team conducts risk assessments during new contract implementation and throughout the contract. This process identifies areas at risk for compliance and establishes priorities, monitoring activities, procedures and policies, and auditing schedules to quantify and address all identified risks to performance.

Compliance 360 (C360) is the Company comprehensive compliance monitoring/reporting system that helps to ensure that Company is compliant with all contract, URAC, and other regulatory requirements. Company uploads contract, vendor, and employee data into C360 to provide an instant "state of compliance" for the entire organization. Through a series of highly configurable security levels and reporting dashboards, users have the ability to drill down to the contract level to monitor the status of deliverables and other critical contract components. With the addition of C360 to our IT infrastructure, Company will be extremely proactive in attaining the highest levels of service to our customers. Not only does C360 track compliance, policies, and other contract data, it gives Company the additional benefits of working in tandem with our analytics processes/systems to identify trends and quality improvement opportunities.

Company's collaborative approach also solicits and uses information from our clients. For example, Company worked with our client on determination letters and report optimization to enhance the quality

and provide targeted information to meet the needs of the program requirements better. We request, receive, and use input from our clients at each step of the study process.

Policy Execution: Committees & Staff Responsibilities

Organizational Responsibilities for quality are executed through the following structure:

- **Corporate:** Corporate Quality Council, Corporate Quality Department that focuses Company's annual quality objectives (including maintaining URAC-required quality initiatives, which this year include patient safety, other). Our Corporate Quality Council meets quarterly and meets with Contract Quality Councils monthly to provide corporate comparisons to each contract.
- **Contract:** QA Director and Quality Council comprising key and other top line managers. This Council meets monthly and reports to the Corporate Quality Council. The QA Director is supported throughout our Arkansas project organization by the Directors of each area. We use it to help support process and program improvements, including input into annual report recommendations.
- **Individual:** All Arkansas Company staff receives formal quality training as part of orientation and annual training. All groups are committed to the proper inclusion and performance of QA activities within their work efforts. Improvements are addressed by senior management through the Company Quality Councils.

In line with best practices, our QA Director will report, outside of daily operations, to the Corporate Quality Director for objectivity.

Subcontractor Management

Company uses a structured approach to identify, recruit, and manage subcontractors. Company first evaluates the scope of work to identify subcontracting opportunities. These opportunities may complement Company strengths and capabilities, provide strategic support for new initiatives, bring national caliber organizations into the Company team, for example. The Subcontractors selected for the TQMC scope of work meet all of these criteria and represent a significant strength of our approach. After identifying subcontracting opportunities, Company recruits industry-leading organizations to join the Company team. During this process, we carefully define the role, scope, and performance requirements for each subcontractor. We create Teaming Agreements that capture this information and represent a good faith commitment on the part of Company and the subcontractor to perform the scope of work should Company be selected.

Company revises and refines subcontractor responsibilities through interactions with the government as needed. After award, Company formalizes the scope of work as finalized through the negotiation process, incorporates performance standards and requirements that flow down from the prime contract, and executes the subcontract.

As an integrated team, Company subcontractors participate in the IQAP as full partners. Each subcontractor is accountable for the performance of the scope of work according to teaming agreements in place now, which we will transition to subcontracts after award. Each subcontractor establishes a formal point of contact identified in this Volume as Key Personnel. As lead staff members, Key Personnel participate in the TQMC quality monitoring and improvement process. This approach is a strength of our team, incorporating industry experts into the analysis of overall performance and ability to define improvement efforts across all scope of work elements.

How Plan Addresses Resource Oversight

Our four-pronged quality process (QA, QC, CI, and EQA) addresses resource management in the following manner:

1. **Quality Assurance:** Our QA team analyzes the contract for all standards, requirements, deliverables, and the like, then establishes staffing and operations to meet these requirements. This includes risk identification and mitigation, so that resources necessary for current and potential needs are identified and allocated up front. Contract, compliance, and risk assessments via QA also define contingency resources. This is reflected in our proposed approach through our key personnel succession plan presented in Section E.6, for example; and the multiple backup procedures and disaster recovery plan and resources defined in Section E.5.
2. **Quality Control:** Our QC team continually assesses allocation of resources against timeframes and other standards. Our comprehensive compliance matrix with defined interim thresholds enables us to reallocate resources if needed prior to bumping up against ultimate performance standards to promote our ability to meet them.

Our systems also enable us to monitor, allocate, and reallocate resources as needed to meet quality standards. Ongoing monitoring via our web-based management system, enables assessments by Assessor and program (See *Sections E.4 D.1*); plus, for example, our Nortel phone system (see *Section E.7*) with tracking capabilities both support this via real-time monitoring. For some standards, we will perform this less than hourly (such as to meet callback times within 1 hour) or hourly (such as to meet four-hour review response times). At a minimum, these are performed daily.

Likewise, ongoing QC as defined in *Section E.7* also assesses accuracy and reliability. Meeting these standards also affects resource use, so we ensure this for both full-time and consultant (such as physician Assessor) activities. Reports of individual nurse Assessor workload (i.e., number of cases completed, timeliness,) will be analyzed for exception activity (i.e. variation monitoring/statistical process control). In addition, all team members are given summary information about department-specific data and information regarding non-conformities, trends and patterns. Management provides ongoing reviews of the data to determine the need for corrective actions.

Programmatic management reviews as part of QC, including weekly project meetings, monthly program reviews, and quarterly formal reviews with executive leadership also assess resource allocation on a programmatic level to ensure sufficiency for current and upcoming needs as defined by AHCA.

3. **Continuous Improvement** identifies where we can improve resource use for efficiencies and effectiveness. For example, the significant addition of auto-approvals we propose in Section E.4 is the result of ongoing CI (we will provide such recommendations annually to DHS), and will result in process and thus, resource efficiencies. Ongoing reviews by our Corporate Quality Council also promote CI, as we identify where we can share resources across contracts. Company's significant corporate pools do that now for cost efficiencies to all our clients (for example HR, IT/help desk, finance, and other corporate functions; as well as additional reporting, QC, and other support to supplement contract-specific resources).
4. **External Quality Assurance** supports resource management by verifying that our current operations meet third-party standards. When DHS accepts deliverables, for example; or alternatively, when we receive a complaint, both of these types of external inputs identify our ability to allocate resources properly or the need for reallocation. URAC accreditations that thoroughly review operations, documentation systems, and more, also promote our ability to allocate resources appropriately.

Subcontractor resource management is also assessed as part of our weekly project meetings, and formally in required monthly financial and technical reports. These include resource allocation and performance against defined budgets and schedules; and our subcontractors' plans for meeting these requirements.

This is illustrated in [Table E.7-1](#).

Table E.7-1: Company’s IQAP Identifies, Designs, Implements and Validates Performance Improvement Opportunities

	1. Process: QA (Design for Success)	2. Process: QC (Measure After Occur)	3. Process: CI (Continuous Improvement)	4. Process: External QA (DHS, 3rd Party Inputs)
Management Input	<ul style="list-style-type: none"> ▪ Company Exec Leaders ▪ VP, Operations ▪ QC ▪ Corp Compliance Officer 	<ul style="list-style-type: none"> ▪ Quality Council ▪ Quality Monitor ▪ Corporate Quality Director ▪ Corporate Compliance Officer 	<ul style="list-style-type: none"> ▪ Quality Council ▪ Quality Monitor ▪ Company Corporate Quality 	<ul style="list-style-type: none"> ▪ DHS CO, COTR ▪ Other gov’t agencies (DCAA, IA, other) ▪ Industry auditors (URAC); 3rd-party IT or, financial auditor
Procedures (not all inclusive)	<ul style="list-style-type: none"> ▪ Contract review ▪ ID corp. flow-downs (policies, SOPs, CI Projects for URAC) ▪ Risk ID & analysis ▪ Performance standards review ▪ OCI assessment ▪ Recruit/hire/credential including subs ▪ Beta testing internal, and with parties ▪ COOP design ▪ NIST, NDAs, other security 	<ul style="list-style-type: none"> ▪ Key indicators and internal thresholds set at contract and task level based on risk (more risk, more frequent monitoring) ▪ Auditing (technical, fiscal, regulatory) ▪ Internal reporting ▪ Contact records, events ▪ Problem ID, Escalate, Resolution ▪ Complaints review, response ▪ Sampling, dc, analysis 	<ul style="list-style-type: none"> ▪ Training program-level analysis (initial, ongoing) ▪ DHS satisfaction surveys ▪ Beneficiary satisfaction surveys ▪ Functional and cross-functional improvement teams ▪ Statistical sampling ▪ Data analysis ▪ Employee suggestions ▪ Quarterly, annual compliance reviews 	<ul style="list-style-type: none"> ▪ DHS acceptance of reports, other deliverables ▪ Re-accreditation and certifications (URAC, NIST, other IT/vulnerability) ▪ Other gov’t auditing (DCAA, SBA) ▪ Financial audits annually
Systems and Tools	<ul style="list-style-type: none"> ▪ Contract ▪ Compliance and Ethics Program ▪ OCI Plan ▪ Training program ▪ Corp document library 	<ul style="list-style-type: none"> ▪ Data Collection Systems ▪ Financial Systems ▪ Grievance data base (issues tracking) ▪ Dashboard ▪ Other Tools (Deltek, MS Project, etc.) 	<ul style="list-style-type: none"> ▪ In-services, CEUs ▪ Statistical tools (SAS, other) ▪ Reward/recognition program ▪ Employee suggestion program ▪ Trend databases 	<ul style="list-style-type: none"> ▪ External auditors’ systems ▪ ID of Industry best practices, national benchmarks ▪ Other recognition and awards

Quality Elements

Company assesses our compliance with both qualitative and quantitative standards, identify problems, and implement appropriate corrections as indicated. Our written IQAP details all aspects of the quality program including the major components of the program, quality control activities, quality assurance

functions, risk management, organizational responsibilities for quality management, and the identification and resolution of quality problems. Our quality philosophy is ISO based and our culture embraces four fundamental values. The four values, how they are achieved, and how they map to national standards is presented.

RFP 3.6 (A)

1. The quality monitoring process shall involve a desk review of assessments, Developmental Screenings, and Tier Determinations for a statistically significant number of cases.

Company establishes and maintains internal quality controls for monitoring accuracy, productivity, and quality output. Uniformity in practice includes: orientation of new employees, ongoing training of existing employees, adhering to defined policies and procedures, development of key process indicators, and monitoring of all activities. Key to this is our established Desk Review methods for assuring Inter-Rater Reliability to ensure consistent findings between Assessors and Physicians.

Company performs Desk Reviews, assessing both first-level Assessor and second-level physician Assessors for accuracy, timeliness, and reliability monthly to ensure we continually provide valid, timely decisions. These are discussed below. Monitoring falls into two categories, cases audits (did the Assessor make the right decision in this particular case) and inter-rater reliability (will all Assessors make similar decisions given similar situations). A random statistically significant sample of completed assessments, screenings, and /or determinations is pulled by Company's Analytics Department on a monthly basis for each Assessor and Quarterly for each Physicians. Team Leads and the Medical Director perform a desk review on each of the pulled items to identify areas of non-compliance.

2. The quality monitoring and assurance process must prioritize the review of junior assessors over senior assessors completing assessments and Developmental Screenings, as well as the review of assessors with low performance scores over assessors with high performance scores.

For new employees and junior assessors, the ability to evaluate performance determines additional areas of training required and indicates the readiness of the assessor to move to a live environment. An initial accuracy rate of 90% or greater must be achieved before the assessor can commence with actual reviews. Continued training and retesting will be repeated for a maximum of 30 days. Assessors who do not meet a 95% accuracy rate are assessed for other employment opportunities within Company.

Ongoing auditing requires the assessors to maintain a 95% or above score. Anyone who scores below 95% will have one on one coaching with his/her direct manager and will be reassessed the following month. Frequency of auditing and audit sample size are risk based and therefore are higher for junior assessors and assessors who are not performing at the minimum quality threshold.

3. At least 95% of reviewed Tiers placements shall be correct upon quality assurance review.

To monitor consistency and accuracy in the Company assessment review process, we conduct Inter-Rater Reliability (IRR) audits each month. To date, our performance metrics for similar efforts in Pennsylvania, Florida, West Virginia and California demonstrate our teams consistently maintain an unparalleled record of 99% accuracy.

4. The quality monitoring and assurance process shall maintain an inter-Assessor reliability rate of 85% or greater. The Vendor shall notify the State of any assessor that does not attain a reliability rate of 85% or greater and shall explain its plan for providing training to improve this assessor's methods. The Vendor shall work with the Assessment Instrument developer(s) to conduct inter-rater reliability assessments.

To ensure timeliness, quality, and consistency in our evaluation and customer service processes, Company conducts Inter-Rater Reliability (IRR) Reviews and Quality Assurance Reviews and sets individual stretch goals and metric expectations for staff. We report on individual Assessor determination accuracy, error rates, productivity, and special request inquiries. Our ongoing quality improvement (QI) activities also include clinical training, physician oversight, weekly clinical supervision by the Project Director, and peer review. The information gathered is used to:

- Determine if there are general or specific error trends or inconsistencies that need to be addressed to provide training to all staff as needed,
- Provide supportive feedback to individual assessors
- Enhance teamwork
- Continually improve efficiencies and processes
- Alert leadership to problems with individual assessor calling for corrective action
- Identify areas needing improvement
- Alert the Department of any problems or concerns

IRR Reviews: Company conducts an inter-rater exercise each month to ensure review decision agreement among clinicians. The Medical Director randomly selects a review or chooses a review based on program concerns. Assessors complete an individual evaluation then record and sign off on their determination. When the inter-rater exercise is completed, the total number of determination agreements is divided by the total number of review outcome determinations to obtain an inter-rater reliability percentage. Our past performance in similar State programs demonstrates that we consistently achieve 99% reliability measured by inter-rater and super-rater reliability methods.

Quality Assurance Reviews: Company conducts clinical Quality Assurance Reviews on each type of assessment outcome to ensure accuracy and consistency for program processes. Twenty percent (20%) of each type of determination is evaluated to determine such things as the clinical determination accuracy the appropriateness of an administratively closed review, and the data entry.

Because we are the largest QIO and maintain 4 URAC certifications, we set a higher accuracy standard for our personnel to keep these certifications. The expected accuracy rate for review staff is 90%. This must be achieved quarterly. In the event an Assessor should fall below the 90% accuracy rate, a performance improvement plan is initiated immediately. The results of the Inter-Rater and Quality Assurances exercises are recorded to facilitate annual trending and analysis.

Reporting: Company will provide a report to the State listing all Assessors that do not attain the minimum 85% reliability rate on a monthly basis. This report will include the name of the Assessor and a summary of the improvement plan action items and status.

5. At the State's request, the Vendor shall re-administer any assessment that, through the Vendor's quality monitoring and assurance process, was determined to have resulted in the incorrect Tier Determination based on the assessment outcome. Any such re-administrations shall be conducted at no additional cost to the State.

All desktop reviews that have quality issues identified are forwarded to the Assessor's manager. The Manager evaluates the specific quality issue and determines if the error impacts the final tier determination. If a tier determination error is identified during the quality monitoring and assurance process Company's policy is to complete a re-determination at no additional cost and apply the results.

6. A quality monitoring and assurance monitor shall evaluate a representative sample of the Tier Determinations, at a minimum of quarterly, to ensure Beneficiaries are being properly assessed and assigned the correct Tier, the IT Platform is accurately capturing scores, and the algorithm(s) is/are accurately measuring the Tiers.

In addition to our Assessor monitoring, Company will evaluate a sample of Tier Determination on a quarterly basis to determine accuracy. Company's Analytics Department will provide a sample that will contain determinations from each of the three tiers and will cut across Assessors. Team Leads will perform desktop reviews of each of these cases. Areas to be audited include the following:

- Clinical appropriateness of Tier assignment
- Accuracy of score captured
- Evaluation of the accuracy of the algorithm(s) utilized to determine tier assignment

Information captured within this process will be shared with the State and utilized for developing/modifying training, adjusting procedures, and providing recommendations on algorithm changes.

7. The results of the quality monitoring and assurance process shall be included in the monthly reports submitted to the Contract Monitor in the format required by DHS.

Our monthly reports include quality performance metrics and corrective action summaries. Upon contract award we work collaboratively with DHS to review and finalize the quality assurance information and format to be provided in these reports.

8. The individual performing the quality assurance review of Assessment Instrument results, Developmental Screens, and Tier Determinations shall maintain the same, or higher, professional requirements of the assessor(s) as outlined in this RFP.

In order to insure accuracy of reviews, Company's policy is that Quality Assurance reviews be performed by a QI Specialist or a supervisory level position. These positions have additional qualifications than the Assessors.

A.2. Describe your process for completing desk review of assessments, Developmental Screens, and tier determinations.

Company's comprehensive Desk Review process ensures assessors are monitored for reliability and accuracy. Company defines reliability as dependable, reproducible, consistent data and accuracy as valid, correct data.

We will ensure reliability and accuracy in data collection through monitoring on a sample of assessments, developmental screens, and tier determinations per Assessor per month. Sampling strata includes all providers and all assessment types to ensure that reliability studies are not biased by a particular case type. Areas reviewed during the audit include the following:

- Completeness of Required Documentation
- Timeliness
- Criteria Application
- Knowledge and Application of Workflows
- Appropriate referral of case to higher level review
- Quality and Accuracy of Assessment, Developmental Screen, and Tier Determination

The Quality Specialist or Assessor Supervisor conducts a desktop review on a statistically significant sample on a monthly basis. An online tool is used to capture results. Our use of on-line review enables the QA Specialist to retrieve cases from the master review database and evaluate the review activities performed by Assessors individually or as an aggregate.

For new employees the ability to evaluate performance determines additional areas of training required and indicates the readiness of the Assessor to move to a live environment. In addition for any new

contracts, monitoring takes place weekly, until the site achieves a satisfactory baseline score, then audits are performed monthly. An accuracy rate of 90 percent or greater must be achieved before the assessor can commence with actual reviews. Continued training and retesting will be repeated for a maximum of 30 days. Candidates who do not meet a 90 percent accuracy rate are assessed for other employment opportunities within Company.

Medical Directors are responsible for monitoring Physician performance, providing performance feedback either onsite or by phone, and monitoring timeliness to complete the review. The Medical Director determines if the review results conform to expectations for appropriateness, accuracy and timeliness.

Physician Consultants also undergo quarterly case assessments for accuracy and reliability similar to assessors as defined above. The Medical Directors collaborate and select actual cases by specialty, (this rotates quarterly as well). The physicians with like specialties are selected and requested to complete the IRR test. The Quality Team analyzes the results and then conducts follow-up meetings with the medical directors to discuss, scores, successes, patterns of outcomes and any opportunities for additional training.

A.3. Describe your plans for providing remediation when staff do not meet the 85% inter-rater reliability rate.

With the detailed reporting from our auditing process, Company is able to identify areas of weakness that may require additional training for a particular Assessor or identify additional training for a specific service type. The Quality Team and Management Team work together to improve the review process and identify any avenues for improvement.

Additionally corrective action is taken for any individual Assessor that scores below 85%. A detailed individual corrective action plan is put in place and agreed to by the employee and their manager. Corrective actions included in the plan include retraining and one on one coaching with his/her direct manager. The employee is reassessed on a weekly basis for a period of 30 days. If performance does not improve and meet the minimum threshold during that time the employee is evaluated for other roles within the organization.

A.4. Describe your company's system to receive, investigate, and respond to complaints from Beneficiaries and/or their family or guardians in accordance with the requirements set forth in Section 3.6 (B).

RFP 3.6 (B) Beneficiary Support/Feedback

1. The Vendor shall receive, investigate, and respond to complaints from Beneficiaries and/or their families or guardians within two (2) Business Days of receiving the complaint.

Company provides a toll-free number and email address for complaints or questions related to the program. These modes of contact are continuously monitored throughout the business day. When inquiries are received, they are entered into the database and tracked by category, name and affiliation, and Assessor. All complaints are responded to within two (2) business days and we send a written response to any complaint received in writing. The time between the receipt of the inquiry and the resolution/response is tracked and we provide a monthly report for each Assessor and a composite Contact Log report which incorporates all staff members.

2. The Vendor shall develop a method for collecting ongoing Beneficiary and stakeholder input and feedback regarding the efficiency, fairness, and quality of the assessment and/or screening procedures.

a. The Vendor shall collect information from Beneficiary's guardian and/or family in the event the Beneficiary is unable to provide input and feedback.

Beneficiaries, guardians, and/or family members with a program concern can use our established complaint process to receive a timely resolution to any expression of dissatisfaction. In addition, Company uses a combination of satisfaction surveys and monitoring complaints to gauge overall satisfaction. Feedback is collected on a sample of cases. These surveys track the quality of our performance and request feedback regarding ways to improve our services. The surveys cover service quality, and when appropriate staff performance. Results are collected, evaluated and shared with the quality management committee, management, and staff to ensure continuous program improvement. Improvement plans are initiated for any area not meeting a good/very good rating. In addition, when a beneficiary or their guardian/family have a complaint we collect the information in our complaint tracking system. Information in this system is tracked and trended to determine areas for improvement.

Satisfaction surveys and monitoring complaints:

- Gauge satisfaction
- Track quality
- Ensures continuous improvement

b. The Vendor shall utilize the information collected to develop and implement additional staff training, as needed.

Company recognizes that successful contract performance requires efficient, effective methods of receiving inputs, adding value and innovation, and producing quality outputs that meet or exceed our customer's expectations. In order to maximize satisfaction with our services, we analyze all stakeholder feedback to identify opportunities for improvement. Key process indicators and minimum thresholds are established for all activities and areas of staff performance. Results obtained from stakeholder feedback are analyzed along with desktop auditing data to evaluate the effectiveness of our processes and performance of staff. The four primary avenues of identifying potential quality issues include:

- Performance indicators are significantly outside of control limits.
- Customer complaints from DHA, related offices, contractors, beneficiaries, or other stakeholders.
- Poor beneficiary survey results.
- Negative internal or external audit results.

Any areas that fall below minimum thresholds are flagged as opportunities for improvement and corrective actions are implemented. Corrective actions are designed to address individual training needs and also systemic issues in which process changes and/or additional full staff training are required. Training and corrective actions provide interventions to address gaps between objectives and performance. Components of our effective corrective action performance improvement plans include:

- Retraining of staff;
- Revision of review manuals, processes, procedures or training curriculum;
- Increased frequency of performance monitoring and evaluation;
- Issuance of internal Review Bulletins to clarify a specific review issue or procedure;
- Use of Continuous Improvement (CI) tools and techniques to uncover root causes and correct problems; and
- Systematic feedback to provide objective information about progress.

The system is transparent across the organization to ensure knowledge of, and readiness to, manage performance at all levels. In addition, information is shared on an ongoing basis with our Training Department. Curriculum developers work with the management team to identify areas to develop further training modules and/or modify current training modules to clarify particular points in a process.

We track each identified issue and monitor it to resolution. Issues tracking includes root cause analysis; documentation of corrective action); establishing corrective schedules and progress toward resolution; and auditing and documentation to ensure corrective actions demonstrate long-term improvement.

E.8 PLANNING AND IMPLEMENTATION

We reduce risk and increase project effectiveness with a comprehensive work plan developed and executed using proven processes on similar transformation projects.

DHS needs a contractor with experience developing and executing detailed work plans using established processes and templates for meetings, testing, deployment, and operational readiness. Company and FEi both have proven track records of successful implementations and long term relationships with their clients and partners. Key to earning and maintaining these relationships is the successful implementation of the project – on-time, on-budget, and accountable to DHS for results.

This project requires development of a complex solution of integrated systems, staffing, and assessment tools, supported and enabled by outreach, education, and training for Arkansas stakeholders.

Our comprehensive work plan drives Operational Readiness (please see Figure E.1-1 for an example of an Operational Readiness Instrument) and provides transparency for DHS to monitor progress in real-time through our online Dashboard.

Our Comprehensive Work Plan and Proven Processes Reduces Risk and Increase Project Effectiveness

- Using best practices from similar implementations
- Full time, 100% dedicated Implementation Team
- Proven testing processes used on all previous transformation projects
- Detailed Project Management Plan includes 508 tasks, 40 milestones, and 50 deliverables
- C360° monitoring and reporting system complies with URAC and other regulatory requirements
- Online Dashboard for real-time monitoring

A.1 Describe which member(s) of your proposed team will attend, in person in Little Rock, either the Contract Kickoff Meeting or individual Division-Specific Tier Determination Meetings.

Company's Chief Operations Officer, Meghan Harris and dedicated Implementation Director, Julie Wright and IT Implementation Director, Wayne Bolton will lead the implementation effort with senior leadership from our two primary subcontractors – Company, and FEi Systems leads.

Contract Kickoff

The Contract Kickoff Meeting will be the initial introduction for DHS teams and Company. Proposed attendees align with our implementation organization to assign leadership for four critical implementation areas: systems, outreach and training, staffing, and assessment tools. Company internal teams will be responsible for administrative tasks including, for example, facilities and equipment as well as providing support such as background checks, scheduling for outreach and training, etc. During implementation, the Company Call Center will also be able to respond to questions and concerns from Arkansas providers and beneficiaries. We proposed the following six In-person attendees at the Contract Kickoff meeting in Little Rock.

This senior leadership team will work closely with DHS to make sure project goals and objectives area achieved on time and with mutually agreed upon quality levels throughout the entire project life-cycle. Additionally, we will assign staff within these four groups (systems, outreach and training, staffing, and assessment tools) to focus on the development and implementation effort for DAAS, DBHS, and DDS.

Division-Specific Tier Determination Meetings

Each of the three Divisions has its own program structure, populations, and Tier Determinations processes. For this reason, we will assign assessment instrument and Tier Determination support to three groups specific to the Divisions. Consultant is the overall Tier Determination lead. The entire leadership will be

attending these meetings, all of which will have responsibilities for key program elements. Each member was hand selected because of their relevant experience and expertise with development and selection of assessment instruments as well as analysis of results to identify the level of service needs for beneficiaries, for example:

DAAS. Staff assigned will be RNs knowledgeable of DAAS waivers, the interRAI (HC) assessment, and services for adults at risk of institutionalization. Since DAAS currently administers the interRAI (HC) assessment, expertise in this instrument is important to align a new instrument when one is selected to analyze historical data and assist with Tier definition as required.

DBHS. This Division does not currently use a universal assessment instrument to identify needs for the 35,000 adults and children using DBHS services. 70% of the population is comprised of children with Serious Emotional Disorders (SED) therefore members of our team will have behavioral health and substance abuse prevention, treatment, and recovery experience expertise for both children and adults as specialty areas.

DDS. Our previous work with this population positions us well to create/select an Independent Assessment for Waiver services, or to help individuals transition to a public or private ICF. Additionally, we will also provide a Development Screen for children that physicians will use for referrals or prescriptions to DHMS and DDTSC services. Staffing to support this Division will include individuals with expertise in IDD and child developmental services, as well as Medicaid waivers. All staff will be QIDP (Qualified Intellectual Disability Professional)

In addition to the experienced staff we propose for each Division, our Health Intelligence Department Lead will also attend to assist with statistical development of the Tier Determination process.

A.2 Describe what practices your company has found effective in similar meetings.

State projects vary greatly in size and complexity, but have a number of similarities when it comes to meeting best practices. Over the years we have developed the following best practices to keep kickoff and tier determination meetings efficient and effective:

Contract Kickoff Meetings

- Identify essential decision-makers from stakeholder agencies to attend on behalf of the State to secure their availability for the scheduled date/time.
- Plan sufficient time to sufficiently discuss the project background, parameters, timeframes, data needs/requirements, and reports.
- Distribute the Agenda, Work Plan, proposed attendees, and any supplemental materials at least 10 days in advance to allow sufficient time for individuals to review and develop questions.
- Review logistics with clients prior to the meeting to confirm meeting venue accommodations, number of attendees, presentations, speakers, copies of agendas and materials, and other logistics.
- Adhere to the agenda and cover all aspects of the Work Plan.
- Document and communicate changes to the Work Plan or other aspects of the Project that are mutually agreed by meeting attendees to reach consensus on directions and next steps.
- Agree to a format for weekly status reporting with a focus on highlighting completed and planned milestones, risks and mitigation strategies, and the process for tracking, escalating, and resolving issues.

Tier-Determination Meetings

We have identified a number of best practices for Tier-determination meetings. These best practices include the same kickoff meeting best practices and the following additional best practices:

- Identify Division staff who are able to attend as many meetings as possible, to maintain high levels of decision-making continuity.
- Establish convenient dates for meetings according to a schedule that aligns the completion of sub-committee work with key milestones to avoid meeting rescheduling or cancellations.
- Provide detailed minutes and other documentation suitable for lay audiences to share with program stakeholders.
- Create formal “reporting-out” milestones to engage with DHS leadership and external coordination as needed.
- Include provider and consumer stakeholders in meetings when possible and practical to solicit input and buy-in to the process.

A.3 Describe your process for developing a deployment plan that meets the requirements and the timeliness standards in RFP Section 3.7 (B).

RFP 3.7 (B) 1. The Vendor must develop and submit to the State no later than fifteen (15) calendar days after the Contract Commencement Date, a Deployment Plan that shall describe the implementation approach and methodology, technical preparation, technical challenges, and scheduled phasing of the deployment. (6.) The Vendor shall propose key milestones for IT development and implementation and describe these milestones as required in the Technical Proposal

The Deployment Plan we will provide within 15 calendar days of the Contract Commencement Date will incorporate agency comments and related Company modifications made during the first two weeks of the project.

We develop the plan by identifying the required steps for logical work streams, assess the resource requirements for the steps in the work streams and assign them, merge them into an integrated master plan that lists responsible parties, timeframes, start and end dates. The merged plan identifies resource constraints and conflicts along the timeline that can then be adjusted and rectified. Key Milestones are identified and the integrated master plan is further adjusted.

Key Milestones for implementation include the elements in [Table E.8-1](#):

Table E.8-1: Key Contract Milestones

Milestone	Date
Contract Awarded and Executed	3/1/17
Complete Contract Kickoff Meeting	3/10/17
Approval of Project Management Plan	3/15/17
Arkansas Business Office	4/3/17
Helpline-Call Center Open	6/1/17
All Positions Hired	3/31/17
Approval of Company Staff Training Curriculum, Schedule and Plan	3/31/17
Approval of Company Staff Training Presentation, Materials, and Manual	4/4/17
Company Staff Training Completed	5/31/17
Approval of State DHS Training Curriculums, Plan and Materials	4/10/17
State DHS Staff Training Completed	6/30/17
Approval of Information Security	3/31/17
Approval of Disaster Recovery Plan	5/1/17
Approval on DAAS Assessments Instrument, P&P's, Workflows, Notice Template	4/28/17

Milestone	Date
Approval on DBHS Assessments Instrument, P&P's, Workflows, Notice Template	4/28/17
Approval on DDS Assessments Instrument, P&P's, Workflows, Notice Template	4/28/17
Approval on DAAS Tier Determinations, P&P's, Workflows, Notice Template	4/28/17
Approval on DBHS Tier Determinations, P&P's, Workflows, Notice Template	4/28/17
Approval on DDS Tier Determinations, P&P's, Workflows, Notice Template	4/28/17
Approval on each Division's Training Plans/ Assessment of Educational Needs	4/7/17
Approval on each DHS State-Staff Training/ Assessment of Educational Needs	4/7/17
Approval on Provider Outreach Plan	4/21/17
Development of Training Curriculum and Materials/ Approval of Division's Training curriculum and materials/	5/22/17
Training Curriculum and Materials are available	6/1/17
Prior to Go Live In-person Regional Trainings Completed/ Intensive Period Operations	6/30/17
Post Go Live In-person Regional Trainings Completed/ Intensive Period Operations	6/30/18
Complete Provider On-site Provider Coaching/ Intensive Period Operations	6/30/18
Company & State of Arkansas Provider Website Complete and Online	6/1/17
Approval of Deployment Plan	3/15/17
Approval of IT Testing Plan	5/22/17
Approval of UAT Plan	5/18/17
All IT Implementation Tasks are Complete	6/30/17
Approval on Report Templates	5/5/17
Report Templates are Complete	6/20/17
Approval of Operational Readiness Checklist	3/15/17
Operational Readiness Reviews are Complete	6/20/17
Complete all Implementation Tasks-Conduct Go-Live	7/1/17
Regulatory and Compliance Database/Matrix Complete	6/20/17
Complete Quality Assurance Tasks	6/30/19
Secure Transition Plan Approval/ Exit Transition Period	TBD

A.4 Describe your process for completing IT Platform Testing.

As a part of the testing process, FEi will create the Testing, Validation, and Operational Readiness Plan. The Software Development Team performs unit testing on each product work item. Once unit tests pass, the code is checked in; daily builds ensure that all required dependencies are present.

- For software modules, the Quality Control (QC) Team performs functional testing, integration testing, regression testing, load testing, and performance testing.
- For data migration, the QC Team performs testing against the data mapping requirements documentation:
- Database scripts are written that examine parameters in both the source and destination systems (for example number of records loaded from tables, sum of certain data elements—i.e., sum of financial budgets—minimum or maximum values of certain fields)

- A sample of records is identified and data is examined field by field. Based on the mapping documentation, the team inspects the data elements to ensure the data is copied or transformed correctly
- When system testing is completed, a round of UAT is conducted where a sample of the state and other system users (for example provider staff) spend time to test the system functionality. FEi will document issues identified during UAT and will discuss them with state stakeholders and take the appropriate actions.

There are several tools used when conducting tests. Unit and system testing are an essential part of our Software Development Life Cycle (SDLC) process. The FEi Development Team conducts unit testing on the developed system using NUnit with Test Driven Design. Once they complete the development and testing, our independent QC Team conducts the system testing with the test cases defined in the TFS that provide traceability to the original requirements. The QC Team also uses Microsoft Test Professional for system load testing and Selenium for system regression testing to execute pre-defined test cases in an automated manner. FEi has fully operational development and testing environments including hardware, storage, and supporting software to carry out these critical tasks successfully.

Test Cases

Test cases are authored and executed by the QC Team. They are derived from requirements (Functional Specs, Design Docs, Use Cases, User Stories, Acceptance Criteria, etc.), and stored in the configuration management system. FEi uses TFS as the repository for managing requirements work items and test work items. Traceability is reported on and measured by linking the test case to the requirement.

A.5 Describe your process for completing User Acceptance Testing.

For each release, and after the completion of all system testing, a UAT will be scheduled to allow a sample of system users from Arkansas and other users identified by stakeholders to test the system functionality. It is likely that some of the UAT attendees may have been part of the discussions during requirements elicitation, while other users have not. For the latter group, the UAT sessions will be their first exposure to the system, which requires careful planning. FEi will actively work with stakeholders to facilitate the process and assist those who may have questions. Additionally, UAT is the final opportunity to gauge user response to the application prior to deployment. Therefore, FEi welcomes the opportunity to assist users with this final validation.

Planning and Preparation before UAT Sessions

The schedule for the UAT sessions is an important milestone captured in the project management plan (PMP). Following are some notes and steps that take place before the UAT sessions:

- State stakeholders identify the UAT participants. It is important to get a cross-functional selection of the system users that can exercise and test the various functions.
- The state reaches out to the users to solicit their participation and to explain the purpose of UAT. The state will also secure a facility to conduct the session.
- The FEi QC Team creates the UAT scripts, UAT agenda, and any necessary test data. The artifacts are reviewed by the FEi PM and the QC Team before sharing them with the state.
- The UAT agenda will lay out the purpose and desired outcomes of the UAT.
- The UAT scripts are typically a subset of the system testing scripts and will focus on the major functionality of the system. Each function will have a set of steps to be followed by the attendees.
- FEi will update the artifacts based on state feedback.

UAT Sessions

- FEi will have one or more team members present at the UAT sessions, typically QC Analysts, or Business Analysts or both. The FEi UAT team will facilitate the sessions and manage the schedule, while other FEi Team members present will roam the testing room and answer attendees' questions.
- FEi requires state representation in the UAT sessions in case attendees ask policy-related questions that are better addressed by the state.
- In a typical scenario, the UAT Lead will walk the attendees quickly through a section of the scripts then allow them time to exercise the functions by themselves.
- When a user completes the UAT scripts, he or she is welcome to continue to exercise the application on their own.
- For each step, the users will indicate the pass/fail criteria in the template provided to them. In case of failure, the user will indicate the incorrect outcome. FEi encourages attendees to use the Online Feedback tool already present as part of the application to submit defects/enhancements. This is preferable to using spreadsheets. The use of the system tool places all user input in a central place instead of merging input from all of the UAT attendees.

Tasks after the UAT Session

- FEi gathers the UAT feedback and it is reviewed by designated FEi and state stakeholders. All items will fall into the categories of CRs or defects. CRs will be prioritized and handled according to FEi's change management process as defined in the PMP document. Whenever possible and based on severity and discussions, FEi will attempt to correct all defects prior to going live.
- FEi will provide the state with frequent status updates of the progress between UAT and Training.

Final Acceptance

Before the release, a Go/No-Go meeting will be held with the state to either accept or reject the release. FEi will prepare the following before the meeting:

- Test report showing the status of all testing with the number of test cases and their status per module
- The status on user manuals and other necessary documentation
- The status of UAT
- The status of training
- The list of known issues and their status

Based on the input prepared, the state will make a Go/No-Go decision. If certain issues are known, FEi will prepare a plan for addressing the issues and the timeline for addressing them.

A.6 Describe your process for developing and delivering an Operational Readiness Checklist that meets the timeliness standards of RFP Section 3.7 (C).

RFP 3.7 (C) Operational Readiness Checklist: The Vendor shall deliver an Operational Readiness Checklist to State for review and approval within fifteen (15) calendar days of Contract Commencement. The State may request modifications or changes to the checklist, and such modifications must be made by the Vendor within five (5) business days of the State's request. Starting no later than sixty (60) calendar days before the planned Year 1 of Operations start date, the State and Vendor shall collectively review the approved Operational Readiness Checklist to ensure all the checklist criteria are met at least ten (10) calendar days prior to the planned Year 1 of Operations start date.

The Operational Readiness Checklist must detail all activities and timelines leading up to the go-live of Year One of Operations, and it must include, at a minimum:

- a. Successful execution of the Deployment Plan described in this RFP;

- b. Dates of regular meetings with the State to ensure the success of the implementation of the project;
- c. Availability of a content management platform (for example SharePoint) where the Vendor shall house implementation related project management tools and content for access and review by the State;
- d. Development of the information security plan described in in this RFP;
- e. The recruitment and training of qualified staff to meet Contract requirements and in accordance with the staffing plan as described in this RFP;
- f. Readiness to deploy the help line and modes of training described in this RFP;
- g. Readiness to “go live” with a website containing resources for providers and staff as described in this RFP;
- h. A proposed implementation report structure to keep the State apprised of implementation efforts and the content and frequency of all required reports as described in this RFP.

Operational Readiness Checklist (ORC) Planning – Company has selected an elite group of professionals to staff the ORC team. This team prepares for and conducts internal pre-ORC, then supports the accomplishment of the ORC for DHS. The initial task accomplished by this team is to generate the ORC plan. The ORC plan establishes the focus, structure, direction, critical success factors, assessment checklists, team composition, and milestones for the ORC. The ORC work plan details the activities and tasks as specified by the ORC Plan as shown in [Table E.8-2](#).

Table E.8-2: ORC Plan Composition.

Plan Component	Component Content
Description, Objectives, Critical Success Factors	Definition of the assessment, objectives that are to be accomplished, and the critical success factors that are used to determine if Company is ready to go live
Scope of Activities	Specific operational functions that are evaluated by this assessment, boundaries for the assessment, outside organizations that are used during the assessment
Deliverables	Compendium of project deliverables and product deliverables produced by the execution of the ORC work plan
Methodology	Phased lifecycle approach used by Company and by DHS to accomplish the pre-ORC (Company) and the ORC (DHS)
Checklists	A collection of checklists that define exactly how the assessment is conducted, what is assessed, and how the object under assessment is evaluated (passed or failed)
Staffing Requirements	ORC team organization, roles and responsibilities, levels of involvement
Timeline	Milestone presentation of the ORC activities and tasks present in the ORC Work Plan

Once the ORC Work Plan is developed, coordinated, reviewed, and approved by DHS, the ORC team completes the designated activities. This includes preparing for and conducting the Pre Operational Readiness Inspection, then preparing for and accomplishing the Operational Readiness Assessment. As the pre-ORA is accomplished; every finding is evaluated, assigned to the proper manager to implement a correction, and tracked to closure. Then the ORC is conducted by DHS – confirming all findings from the pre-ORC have been corrected and that every checklist item is ready to go live. A final report is published. If any findings are noted, the ORC is repeated until no findings occur (i.e., Company is ready to go live July 1, 2017).

A.7 Describe how you will complete the items contained in the Operational Readiness Checklist in time for the July 1, 2017 Go-live.

Timely and compliant implementations require vigilance, flexibility, and attention to detail to manage across subject-matter teams and meet deliverables. With multiple, successful, implementations of complex projects such as the recent Tricare Quality Monitoring Contract expansion to the entire Military Health System and the Beneficiary and Family-centered QIO, we have the necessary organizational and staff experience to plan, deploy, and manage the implementation effort to achieve readiness for a July 1, 2017 go live.

On Contract Award we schedule and begin weekly internal team meetings to assign of staff, discuss scheduling and plan progress toward Contract Start Date. The Chief Operations Officer for Company leads these meetings with the core Implementation Team ([Figure E.8-1](#)).

- The Implementation Director reviews the Deployment Plan and Work Plan with internal support Departments, such as Human Resources, Health Intelligence, Compliance, Information Technology, and Finance. This review ensures that Company departments understand their respective assignments for requirements, deliverables, and timeframes.
- Work begins upon Contract Award and we begin tasks such as:
 - Finalize processes for licensing tools and scheduling training from developers and/or internal training.
 - Determine the location for main and other offices in Arkansas, as indicated by workload.
 - Customize of standard policies and procedures to align with contract requirements
 - Develop of reporting formats
 - Adjust the draft Work Plan, Deployment Plan, etc. as indicated by final negotiations
- Meetings:
 - The Implementation Team meets weekly
 - Sub-groups may use a "stand-up" meeting daily
 - Weekly meetings with the DHS to review and comment on the implementation progress reports.
- The Implementation Director identifies risks, escalating issues as needed
- The Executive Management team intervenes as needed to:
 - Allocate and re-allocate staff
 - Assign, review, and re-assess priorities
 - Meet as a team and individually with subcontractors to review performance and resolve issues
- Ensure that DHS receives accurate, timely, and complete information on the status of reports and engage the Divisions in problem-solving as soon as potential issues surface.

All of these activity occur concurrently with the Implementation Director coordinating all of the activities and resources. Using our proven approach we can assure DHS that the items in the Operational Readiness Checklist are completed on time to go live July 1, 2017.

A.8 Provide a Work Plan that includes the specific methodology and techniques to be used in providing the required services as outlined within the Request for Proposal. The Work Plan should include:

- Outline of the overall management concepts employed by your company
- Project management plan
- Project control mechanisms
- Overall timelines

• Project deadlines considered contract deliverables

Fully Dedicated Implementation Team

Company uses a corporate team to conduct implementation of new contracts. This approach ensures each client receives dedicated attention during implementation from a team with over four decades of cumulative experience with Company in relevant contract roles. Experienced working with clients and as a team, Company's staffs implementations to ensure seamless transitions from outgoing vendors and assumption of review responsibilities without risk to continuity of services for recipients. We include a draft implementation plan in [Figure E.8-1](#), indicating the advance planning already completed for this project.

The Executive Vice President, Meghan Harris, who is also our Chief Operating Officer, leads the Implementation Team, and continues executive oversight throughout the contract. This approach provides continuity of management, assuring achievement of all contract deliverables.

Executive Vice President/Chief Operating Officer – Meghan Harris, MS. Ms. Harris has more than 15 years of experience with increasing levels of responsibility based on strong performance and achievement of contract deliverables. A critical capability is using data to make strategic decisions to improve operational efficiencies and contract performance. Ms. Harris has additional years of experience in health service research, data acquisition, warehousing, and analysis. Adept at sampling design, models of analysis and at chi-square testing and regression analysis among other analytical techniques. Responsibilities have included contract performance management; project design; acquisition of data; data reliability; analysis; reporting and presentation.

Director of Implementation – Julie Wright, MBA. With more than 16 years of experience in health care services for Federal, State, County, and private sector clients, Ms. Wright has proven project management experience, as the Lead Project Implementation Manager in over twenty-five (25) successful start-ups and multi-site rollouts including the largest implementation to date, the CMS QIO BFCC implementation of 34 states in just 84 days and over nine (9) major State Medicaid contracts.

Director of IT Implementation – Wayne Bolton, MBA. Mr. Bolton has eighteen years of experience in the Healthcare field, with over fifteen years of leadership experience in Florida Medicaid Prior Authorization programs. His leadership qualifications, coupled with "Hands-on" systems and operational expertise, brings a proven ability to spearhead organizational change and large implementation efforts. He led an international organization from mainframe to Client/Server environment, and implemented statewide Medicaid systems in Florida, Virginia, Maryland, South Carolina, Minnesota, Illinois, New Hampshire, and Wyoming.

Julie Wright, MBA, Implementation Project Manager. Ms. Wright is a proven leader with more than 16 years of experience in the health care arena providing Account Management services for Federal, State, County and private sector clients. She has demonstrated project management experience as the Lead Project Implementation Manager in over 25 successful start-ups and multi-site rollouts, including Company's largest implementation to date, the CMS QIO BFCC implementation of 34 states in just 84 days, and over nine major State Medicaid contracts. Throughout these project implementations, Ms. Wright demonstrated her capability for exceeding client expectations, earning a reputation for consistently facilitating the timely achievement of all deliverables and implementation milestones.

Vice President of Operations: Colette Riehl, MA. Ms. Riehl has a 20-year history of administering programs serving individuals with serious mental illness and intellectual disabilities. As the former director of the Florida PASRR program, Ms. Riehl has direct experience in establishing and administering start-up PASRR programs highly similar to that proposed for Alabama. Since joining Company in 2006 as the Program Director of Company' prior service authorization program for the Intellectually Disabled/

Developmentally Disabled population in Florida, she has held progressively responsible positions and is currently the Vice President of Operations overseeing all services delivered through Company west coast service centers, including operations delivered as part of Company' newly awarded California PASRR program. Her on-going involvement in the Alabama program will facilitate the sharing of "best practices" in PASRR operations to support continual improvements in quality and efficiency. Ms. Riehl received a Bachelor's degree in Psychology from the College of St. Scholastica in Duluth, Minnesota and a Master's degree in Human Relations and Community Affairs from the American International College in Springfield, Massachusetts.

Deborah Parthemore, MHA, RN, Director of Quality Improvement. Ms. Parthemore is a Registered Nurse with a Masters in Health Administration and record of delivering improvements in healthcare operations. In her role as the Director of Quality Improvement, she chaired many task forces associated with process improvements. She directed start-up organizational and operational processes; reorganized established functions and processes to achieve targeted budget and HR requirements. This approach was responsible for improvements in client relations, provider education, and cost containment. She also ensured compliance with contractual requirements by monitoring critical indicators, deliverables and budgets, identifying opportunities for multi-site process improvements and standardization and recommended solutions. She will act as the Quality Improvement Director for this project.

Randy L. Strite, MHA, Operations, Reporting and Analytics Manager. Mr. Strite is responsible for the identification of data needs and systems to operationalize information technology to support data collection, analysis and reporting. In addition to receiving a Masters of Health Administration from Pennsylvania State University, Mr. Strite brings more than 10 years of experience in health care data analytics. Prior to joining Company in 2010 to design and implement Company' provider profiling effort for the Pennsylvania Medicaid program, he served in progressively responsible positions for other public sector managed care programs performing financial and health analytics. He currently leads Company' reporting and analytics efforts for multiple Medicaid and Medicare programs where he supports the development and documentation of quality and cost savings initiatives and assists in developing client reporting packages. He also is experienced in creating tracking modules and designing/developing databases similar to the one proposed for this Project.

**On-time Implementation for Every Contract.
Our dedicated, tenured implementation team delivers a seamless
transition for DHS, providers, and recipients.**

Figure E.8-1: Implementation Organizational Chart

Overall Management Concepts

Our project management and resource oversight approach incorporates best practices related to team management, performance management, continuous quality improvement (CQI), internal quality control and risk management. This approach minimizes problems that may develop during program implementation and operations. Specifically, because we have performed this work in the past, we are aware of areas of potential problems; we have assessed the risks associated with these problems and have developed realistic contingencies for their resolution. Components of our project oversight and management approach include:

- **Continuous Quality Improvement:** As a hallmark of our organization, we continuously and systematically look for ways to improve our performance.
- **Team Based Management:** We use team based management to best coordinate operational processes, multiple skill sets and disciplines. Team based management will allow us to deliver effective and timely service to the Department, health care providers and Medicaid patients. This method of resource management ensures ownership and accountability throughout the organization.
- **Proactive Risk Management:** We take a proactive risk management approach designed to identify and address problems that may arise and jeopardize program goals. This includes identifying opportunities, analyzing information, designing solutions, executing the best solution and measuring results. Risk management is an ongoing process for us. Once the cycle is complete, we begin again with our project team, continuing to define new opportunities, analyzing additional or resultant data and developing and implementing solutions for further program improvements.
- **Rapid Response:** Our Licensing and Monitoring staff will have the ability to respond quickly when implementing new programs, changing existing programs or responding to new contract requirements.
- **Roles and Responsibilities:** To be effective, individuals who direct our program must be organized to ensure that authority and decision-making has a clear source, there is efficient management and oversight, directions are clear and all decisions are addressed. In support of this, we use a project management matrix that details the programs roles and responsibilities of each team member.
- **Communication Plan:** A thorough communication plan is essential to the success of this program. We will ensure timely and effective communication to all the individuals, teams, stakeholders and sponsors involved in the project.

Our project management approach consistently results in:

- Decision making and funding authority that is clearly defined throughout the organization.
- Accountability that is specific and designed to be measurable for each position or role on the team.
- Management information that is actionable and provided regularly, accurately and completely.
- Appropriate communications with the Department to ensure that current, accurate and timely information is made readily available for performance and contract monitoring.
- A highly structured planning and monitoring process that ensures we meet milestones and exceed performance standards.

Barriers and Mitigation

Our ability and readiness to complete and perform all duties and responsibilities contained in the RFP include identifying potential risks to a smooth implementation based on previous implementation experience and development of risk management plans to ensure efficient and effective contract startups. Our implementation management approach is based on the assumption that things can go wrong without the proper planning and preparation.

Based on our skill and experience with prior implementation and our own careful review of all requirements in the RFP, Company's Implementation Plan has been expertly prepared with full consideration of time required to perform each task. As such, we fully expect that our performance as predicated on this plan will meet or exceed all requirements and achieve contract goals. Inherent in that expectation is the realization that barriers to success will need to be overcome. Our approach is to anticipate such barriers, constantly monitor process and outcomes data to immediately recognize and acknowledge such barriers, and rapidly develop recommendations and action plans to effectively and efficiently mitigate their effect. Anticipated barriers and proposed mitigation and/or indicators of very low risk for DHS are presented in [Table E.8-3](#) beginning below.

Table E.8-3: Barriers and Mitigation

Barriers	Mitigation
Prior year project data is not available or complete	We will utilize data from current FSQAP website, such as reviewing Provider Discovery star ratings, meeting minutes, and quarterly and annual reports. Additionally, Company will review electronic support (care) plans which are stored by current Vendor.
Consumers do not want to be interviewed	Our sampling process will ensure a statistically appropriate oversample, in order to meet minimum required sample sizes. This will ensure requirements are met for the State and the National Indicators. Additionally, Company anticipates mitigating consumer averseness to interviews through training, education and outreach during the initial review scheduling.
Provider contact information is outdated or unavailable	We currently work with over 30 states MMIS vendors through existing contracts. Provider data scrubbing and validation is already a core component of our operational processes with the State of Florida.
Family supports or care givers are no longer serving the consumer, the Department or the system	This will be addressed by having an adequate over-sample, and through analysis for selected consumers.
Failure to implement required IT systems	Most IT systems/tools are already in place.
Delay in receiving sample selection approval, policies	Our core system receives sampling logic and identifiers directly out of our sampling data tables. It can instantaneously update provider and/or consumer samples, once the random number generator or sampling method has been rerun based on client approval of methodology.
Failure to implement required policies and procedures	Policies and procedures are already in place and in use for similar projects
Untimely notification of Department or program changes	Our team has the ability to leverage operational and content leaders from its different Medicaid and Medicare quality improvement projects to support deadlines that may be jeopardy.
Delay in implementation of initial education and training	Our plan has ample time built into the schedules to allow for additional orientation and outreach as necessary.
Failure to maintain key staff during implementation period	We have developed a contingency plan for temporary staffing during hiring phase

Table E.8-4: Project Management and Controls

Program Management Controls	Plan	Initiate	Monitor and Control	Close
Integration Management	Develop Task Order Outline and Scope statement Develop Project Plan	Conduct Kickoff, Direct Project Execution	Collect Project Metrics	Close Task Order Develop Lessons Learned
Change Management	Identify/Minimize Complexity of Scope Define Scope	Manage Scope	Manage Scope	Archive Task Order History
Schedule Management	Select Best Practice Methodology Define Select and Baseline	Maintain Schedule Compliance	Manage Cost and Resource Access	Archive Schedule
Cost Management	Identify Best Value Estimate Cost Estimate Budget	Control Cost	Control Cost Variance	Archive Costing Documents
Quality Management	Discuss Quality Goals with Team Quality Planning	Quality Improvement	Quality Management Feedback	Archive Quality Documents
Human Resource Management	Resource Planning Acquire Resources	Manage Project Team	Manage Project Team	Re-deploy Project Team
Communications Management	Develop Communications Plan Distribute Information	Performance Reporting and Stakeholder Integration	Generate Status Reports	Archive Communications Documents
Risk/Issue Management	Risk Planning Risk Identification and Analysis Risk Assessment Risk Communication	Control Risk	Control Risk	Archive Risk Documents

Project Closure – DHS will approve all deliverables and we document and deliver lessons learned. We provide final costing and invoicing, and archive all project artifacts. Project closure includes the following:

- Complete inventory of all deliverables and services specified by the Work Plan
- Obtain confirmation that has all required deliverables and services
- Implement contract operations
- Deliver lessons-learned event, complete collection and analysis of observations
- Archive all project artifacts.

Project Control Mechanisms

Company has used this unique blend of program management control (many of which are described in the previous section) and project management phases (described in detail above) to oversee a wide range of implementation and transition projects for the following Medicaid contracts: Virginia, Florida, Maryland, South Carolina, Wyoming, Minnesota, and Puerto Rico. We are experienced with providing seamless transitions with Medicaid Support contracts that varied in size of scope, population, and geographic

location. Beyond our statewide implementations, we have implemented federal contracts that are national in scope (TRICARE, CMS, and the Health Resources Services Administration (HRSA). Indeed, we recently implemented our largest, nationwide contract in less than 40 days.

Arkansas will benefit from this depth of experience and our expertise conducting orderly transitions. Upon notification of contract award, we update the Implementation Plan and the Work Plan. These documents are designed to ensure that service will not be disrupted during Transition. In addition, a comprehensive Internal Quality Assurance Plan focused on transition is developed and submitted for approval prior to the contract execution date.

In addition to the Monitoring and Control functions outlined in the previous topic, our Implementation and Operations teams use industry standard control methods to assure compliance, and automate these methods with C360° as we describe in this section. Our methods include the following elements:

- Contract management oversight of budget, tasks, and deliverables through supervision of staff, reporting, and quality assurance and control
- Executive oversight of contract management through supervision of staff and monitoring of report Dashboards and deliverables
- Executive oversight of contract performance standards and requirements as documented in C360°
- Human Resource Department management of credentials, licensure, and certification
- Formal Subcontractor monitoring, including reports and ongoing status meetings
- Finance review of reimbursable contract deliverables
- Quality assurance and improvement audits
- Inter-rater reliability and training for Assessment staff.

Overall Timelines

With a go-live date of July 1, 2017, and a contract award date of March 1, 2017, there are approximately three months available to complete the tasks of the scope of work. We suggest the Kickoff Meeting occur by March 10 so that we can complete the draft Deployment Plan using input from the Project Plan review during this meeting. By March 15, 2017, we will complete subcontractor agreements and conduct a pre-delegation/readiness monitoring audit for subcontractors. Full delegation monitoring for readiness will then occur by June 20, 2017 (as required, 10 days prior to go-live).

We will locate and execute the lease for the Arkansas offices by April 1, 2017, and complete purchase and installation of equipment by that date as well. All components of the Call Center will be operational by June 1, 2017 so that interested parties can easily reach our staff members for current and accurate information. Achievement of this status includes toll free voice and facsimile numbers.

The critical task of Transformation Support and Training will begin by immediately upon award and continue through June. Our approach includes outreach meetings to stakeholder groups, regional provider training, training for DHS staff, conference calls with providers, and communication materials for distribution via email and the website.

Staffing this project will be complete by April 1. We plan to conduct training for staff during April. This approach ensures that we have resolved as many issues as possible and therefore can provide detailed information concerning tools, assessment process, systems, and timeframes.

The Implementation Team will monitor the Project Plan and report to DHS and Company on achievement of milestones and submission of deliverables.

Project Deadlines Considered Contract Deliverables

We include the project deliverables from our draft Project Management Plan in [Table E.8-5](#).

Table E.8-5. Project Deliverables and Due Dates

Deliverable	Due Date
Conduct State of Arkansas, DAAS, DBHS, DDS, & Company Contract Kickoff meeting	3/10/17
Submit draft of the Project Management Plan to the State for review/approval	3/1/17
Submit Weekly Implementation Report	3/6/17 (and every Monday)
Submit draft Deployment Plan to the State for review/approval	3/15/17
Complete Operational Readiness Checklist	3/15/17
Submit Information Security Plan to the State for review/approval	3/31/17
Conduct Tier Determination Meetings with DAAS	3/24/17
Conduct Tier Determination Meetings with DBHS	3/24/17
Conduct Tier Determination Meetings with DDS	3/24/17
Provide toll free, local, TTY numbers for Technical Assistance/Helpline	3/31/17
Provide final list of names, resumes, and references of Key Personnel assigned to the contract	2/28/17
Update and Maintain a Staffing Plan	3/31/17
Submit Company Staff Training Curriculum, Schedule and Plan to the State for review/approval	3/24/17
Submit Company Staff Training Presentation, Materials, and Manual to the State for review/approval	4/3/17
Complete and Distribute End User Training Manual	5/31/17
Submit State DHS Training Curriculums, Plan and Materials to State for review/approval	4/7/17
Complete and Distribute End User Training Manual-Print, CD, Online	5/1/17
Submit Disaster Recovery Plan to the State for review/approval	5/1/17
Submit DAAS Assessment Instruments and Assessment P&P's, Workflows and Notice Template to the State & DAAS for review/approval	4/21/17
Submit DBHS Assessment Instruments and Assessment P&P's, Workflows and Notice Template to the State & DBHS for review/approval	4/21/17
Deliverable: DDS Submit Assessment Instruments and Assessment P&P's, Workflows and Notice Template to the State & DDS for review/approval	4/21/17
Submit DAAS Tier Determinations P&P's, Workflows and Notice Template to the State & DAAS for review/approval	4/21/17
Submit DBHS Tier Determinations P&P's, Workflows and Notice Template to the State & DBHS for review/approval	4/21/17
Submit DDS Tier Determinations P&P's, Workflows and Notice Template to the State & DDS for review/approval	4/21/17
Conduct DAAS Initial Needs Assessment	3/31/17
Conduct DBHS Initial Needs Assessment	3/31/17
Conduct DDS Initial Needs Assessment	3/31/17
Conduct DHS State Initial Needs Assessment	3/31/17
Submit Outreach Plan	4/14/17
Submit Training curriculum and materials to the State for review/approval	4/28/17

Deliverable	Due Date
Distribute Training Curriculum and Materials and Post to the Website	6/1/17
Conduct Provider In-person Regional Trainings	6/1/7
Perform Live Webinars	7/1/17
Website Completed and Online	6/1/17
Submit IT Testing Plan	5/8/17
Submit User Acceptance Testing (UAT) Plan	5/4/17
Complete IT Testing	6/1/17
Submit reporting templates to the State for review/approval	5/1/17
Complete Final Operational Readiness Checklist- Receive State approval to Implement Services	6/20/17
Begin conducting all quality improvement activities	7/3/17
Submit Exit Transition Plan	2/28/19

A.9 Describe the Implementation Milestones your company has provided in Table B.4 under the Information Technology Platform Costs tab in the Bid Price Sheet.

The Implementation Milestones found on the Information Technology Platform Costs tab in the Bid Price Sheet are:

Implementation Milestones	Due Date
Delivery of Software requirements specifications	5/8/2017
Delivery of UAT system	6/1/2017
Completion of Training	6/30/17
Sign-off on Production system	6/20/17

Delivery of Software Requirements Specifications – The eLTSS system is already a functioning system that will require various modifications to comply with the specific requirements of DHS and the Agencies. As described in A.1 and A.2 above, meetings will immediately be scheduled with the various stakeholders to review expectations and requirements. Company and FEi will document the gaps identified and work together to develop the Software Requirements Specifications that will essentially be a roadmap for completing development of the production system to meet DHS and the Agencies’ satisfaction. The Delivery of Software Requirements Specifications shall be deemed to be complete when the complete list of identified gaps are delivered to DHS and mutually agreed upon.

Delivery of UAT System – The entire process for UAT (User Acceptance Testing) is described in detail in section **A.5 “Describe your process for completing User Acceptance Testing”** above. The Delivery of the UAT System Milestone will be deemed complete when the first UAT System is available for access by the UAT Team and the UAT process commences. The UAT process is an iterative process of specifications, delivery, testing, and mitigation of any negative findings by the assigned UAT Team until all identified issues are resolved and acceptable to DHS and the individual Agencies.

Completion of Training – The training plan will ensure that Assessors have the knowledge and capabilities to conduct accurate assessments, and will include policies and procedures to address all components of the assessment process:

- Scheduling and confirming the assessment appointment.
- Information required for the assessment in addition to the interview.
- How to administer the selected tool.
- How to access clinical consultants to assist with assessment questions.

- Interactions with consumers and other individuals participating in the assessment such as caregivers and family members.
- Security and confidentiality of information and systems.
- How to access and use the online tool and complete an assessment offline during connectivity interruptions.

We use several methods to evaluate the success of the training programs, ensure consistency of application of the instrument, and adherence to our approved processes. We will use a "Train the Trainer" approach, and select one or more individuals and/or supervisors for each Division to serve as Assessor trainers. These individuals will receive training on the instruments and the system first. Once they complete training and achieve at least 90% reliability levels as compared to "Gold Standard" cases developed prior to training. We propose to train the Assessors in each Division at one time once hiring and corporate orientation/training is complete. This approach ensures consistency in training across the Assessors. Additionally, training will occur as close to implementation as possible so that Assessors do not "de-train" or lose details of techniques and interpretation based on delays in application of learned skills and methods.

In addition to training Assessors on the process and instruments, we will also provide equipment for the Assessors to use to access the online assessment instruments for each population. Assessors will receive training on the use of the equipment in addition to orientation to confidentiality and security policies. They will be able to complete assessments offline in the event they are unable to connect to the online tool, and understand how the system will automatically update the record the next time the device connects to the online application.

All training sessions will include a roster of attendees and a successful completion indicator affirming competency for each section attended. Once all trainees have all trained competencies validated, the Completion of Training Milestone will be deemed complete.

Sign-off on Production System – This Milestone is the official approval from DHS and the respective Agencies that the system meets the requirements of the specifications and RFP and Company is approved to use the system to commence Screening and Assessment work using the system. The Sign-off on Production System Milestone will be deemed complete when official acknowledgement from DHS is received by Company.

E.9 REPORTING

We increase project efficiency and effectiveness with comprehensive real-time reporting and analytics that enhance performance tracking, decision making, and contractor transparency.

DHS needs timely and accurate performance, progress, and practice participation reporting. We enhance decision making and contractor transparency with a fully functional web portal dashboard we have used on 35 state implementations including three highly relevant assessment projects in Mississippi, Maryland, and Virginia. Reporting functionality includes self-directed inquiries to mine performance and participation data using filters, trend analysis, drilldown capability, and outcome determination.

Our Comprehensive Reporting Solution Increases Project Efficiency and Effectiveness

- eLTSS web portal dashboard implemented in 35 states including three highly relevant assessment projects in Mississippi, Maryland, and Virginia
- Proven 10-step report development process increases report development efficiency
- Online reporting library contains standardized and fully automated monthly, quarterly, and annual reports
- Customized and automated standard reporting package
- Easy user access to reports includes menu-driven report library searches and point and click report execution

Our eLTSS reporting solution exceeds DHS requirements with a comprehensive set of standard, ad hoc, and dashboard reports that provide flexibility and transparency for enhanced decision making.

Standard Reports: The proposed solution includes the standard reporting function that allows users to run reports related to user account updates, applicant applied/completion, interRAI HC, other assessments, re-determination timeliness, depending on the user's roles and permissions. We have worked with several states to build over 150 standard reports. These standard reports have varieties of features that help stakeholders to get the summary statistics and allow them to drill down into specific data sets as needed. Reports will be categorized based on functions such as timeline, productivity, FED, assessment, workload management reports, program management reports.

Ad Hoc Reports: In addition to standard reports, our ad hoc reporting functionality enables users to build their own reports with tables or graphs/charts using an easy to use SSRS web-based report builder that generates Microsoft Word, Excel, or PDF files. Once an ad hoc report is developed using SSRS, users can share it with other authorized users through a folder structure that the State controls. Authorized users can subscribe to saved reports in order to run the report automatically at scheduled intervals. The report can also be sent to targeted recipients enabling business users to receive reports in their email box, instead of logging into the system to run reports. We provide help line support to help DHS identify and implement ad hoc reporting based on high priority queries.

Dashboard Reports: In addition to the standard and ad-hoc reports, eLTSS provides visual dashboards.

Our solution provides role-based user dashboard for service providers, case manager, assessors and state-level oversight staff. The dashboard allows users to view/manage events in a Calendar tool, check recent alerts, and view to-do list(s).

Reporting Infrastructure: eLTSS reporting includes a data replication process to transfer data from operational to MS SQL reporting data stores to maximize processing and performance efficiencies. eLTSS reporting includes two data options for external analysis and reporting.

- **Data Export:** Our solution exports data captured by our system into either Excel or CSV format. Users enter data range and other filters using query and search criteria to filter or drilldown, and outcome determination functionality to promote real time reporting transparency.

- **Database Dump:** In addition to the data export capability, eLTSS also enables users to download raw all assessment, client, and lookup data through secured File Transfer Protocol (FTP) Secure File Transfer (SFT) protocols

Report Development and Implementation Process: We have a proven method and approach for developing and implementing standard, ad hoc, and dashboard reporting we have used on highly relevant projects in a number of states. We work closely with DHS during the requirement gathering process to identify data export needs and options to provide monthly dashboard reporting on program status (for example enrollment and disenrollment data and progress in program operations). In addition to responding to DHS requests, we will recommend annually three Special Project topics that DHS can consider when selecting a specific area of focus. The next section describes the 10-step process we use to

A.1. Describe your company’s plan to prepare and distribute Monthly Program Performance Reports that meet the timeliness standards and contain the items required in RFP Section 3.8 (A)(1).

Reporting Plan

During the implementation phase of the contract, this team will work with DHS to lay the groundwork to meet all the reporting deliverables and other reporting needs. During this time, each report will be named and defined with an agreement and sign off process between Company and DHS. Once this step is completed, a mock report will be produced by the data analyst to ensure agreement and understanding of requirements. The report is then programmed by the analyst and taken through Company’s internal reports quality process. This refining process as depicted in [Figure E.9-1](#) on the next page has one analyst produce an initial report and another analyst check the programming before being submitted to the requestor.

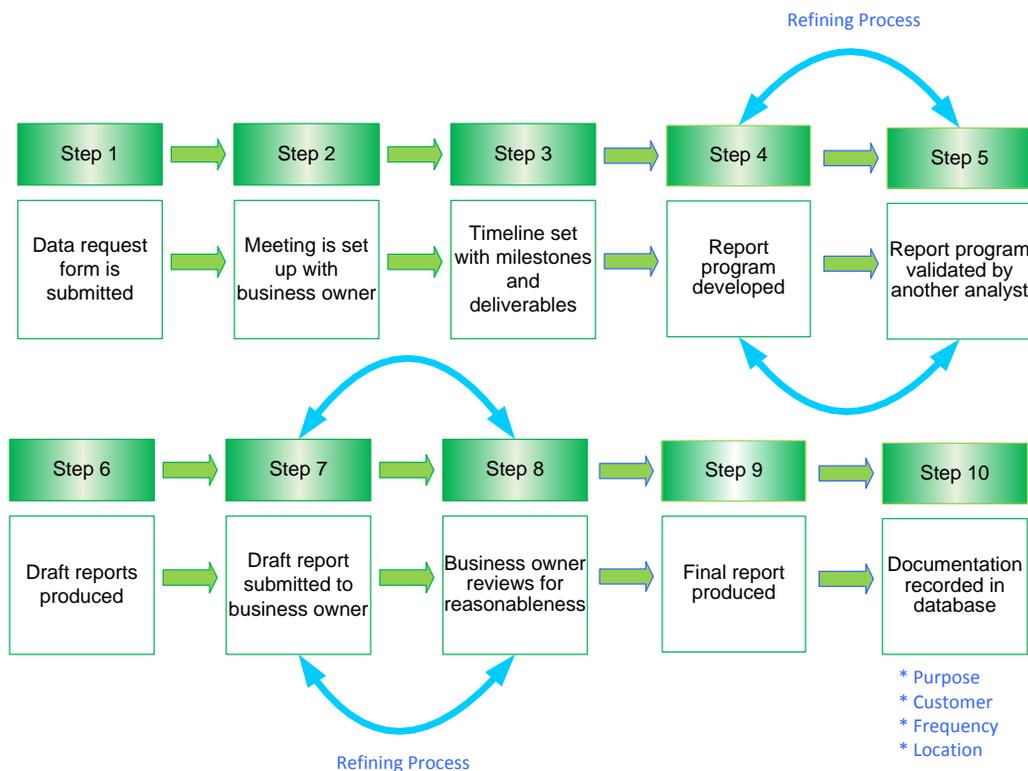


Figure E.9-1: Refining Process

For reports that are requested after the initiation of the contract, a similar process is deployed. The initial report request is produced along with performance of the analyst’s peer-to-peer check. Once the report is

completed, it enters Company's deliverable quality process which includes roles for the data analyst, quality improvement consultant and project director. Each person has a role in making sure the report is both accurate and meets the deliverable requirement, adding layers of oversight and opportunities to explore outliers and potential programmatic developments.

This process begins with the initial run of the report, and the data analyst reviews the reports to make sure that all the summary information matches the detail and that all columns and rows add-up. At this point any outliers are identified and communicated to the Project Director and compliance officer. Once the analyst signs off on the report, it is forwarded to the compliance specialist, who then reviews the report for any necessary formatting changes and to ensure it is the complete deliverable.

Once the compliance specialist signs off, the contract manager will check the numbers once more, and is responsible to ensure the delivery of the report. Once the report is delivered to the client, we will solicit feedback about the information and format provided. We will also schedule on a quarterly basis a formal meeting with DHS to discuss all of our findings and any observations and recommendations we have at that time.

As part of our database development, Company will ensure that the data abstracted medical have the ability to be aggregated in order to assess and compare performance at the state and provider level. All scores and rates will be produced following any guidelines from DHS. In addition, demographic data such as waiver tier, living situation, age and gender will be collected to support further analysis such as risk-adjusted scores and measures.

Led by our ITS Director on this contract, our reporting analyst will be accountable for timely and accurate report creation and distribution to all valued stakeholders. Additionally, Company has a team of information technology, healthcare analysts and statisticians dispersed both in corporate offices and in state specific client offices. We will utilize this matrix oriented approach to achieve the desired reporting outcomes and to improve on the quality and timeliness of reports that DHS providers and stakeholders receive (or will receive under the current RFP scope).

We will supply reports that are concise and provide graphical representation of results so that decision makers can grasp information quickly at a glance. All reports will be provided in formats that are acceptable to DHS.

Distribution Plan- Monthly Program Performance Reports

Once the report is scrubbed, it will be submitted to DHS. This report will also be available through the online Dashboard system, supported by a reporting database we establish to capture prime and subcontractor activities for this project, including for example:

- Assessment activity (including summary of the volume, timeliness, and outcomes of all assessments, reassessments, Emergency Needs Assessments, Developmental Screens, and Tier Determinations)
- Beneficiary demographics
- Activities completed as of report date
- Technical assistance to providers
- Identified problems and remediation
- Recommendations to improve staff and project performance
- Timeliness of assessments
- Scheduling and rescheduling metrics

We will deliver all standard reports according to the requirements in both electronic and hardcopy formats. Our Business Intelligence system also enable us to support frequent ad-hoc requests. These reports are available through via the Web portal and are exportable to a variety of formats, including

Microsoft Excel, Adobe Acrobat PDF, and standard image file types. Via Web, users can drill-down on a particular data element to discover underlying information. The reports also are filter- and parameter-driven, so that users can select only the data of interest to them. Additionally, DHS and others with the appropriate access rights can use interface tools we provide to quickly develop reports to answer their questions about assessment activities and results. This promotes the ability to quickly investigate and resolve questions and take appropriate action (including, for example, ability to respond without Company support as desired to legislative requests.)

Moreover, Company's system supports ad-hoc and on-demand reporting at a lower cost: Because we combine relational database technology with easy-to-use reporting services. We understand the need for DHS to have accurate and timely reporting to support the program. Frequent communication is important for DHS to provide timely responses to ad-hoc requests and to understand and manage ongoing changes related to the transformational change to the program.

Upon contract award, we will work collaboratively with DHS to review and establish agency reporting preferences regarding content, format, distribution dates and recipients, and other aspects you wish to discuss. We add reporting milestones as established during these discussions to our project schedule to promote effective management and timely delivery. We not only satisfy your minimum reporting requirements, but to help drive improved population health initiatives we will make recommendations for additional report parameters and metrics. Such as assessment outcomes by region and provider.

A.2. Describe your company's plan to prepare and distribute Annual Program Performance Reports that meet the timeliness standards and contain the items required in RFP Section 3.8 (A)(2).

Plan to Prepare and Distribute the Annual Performance Reports

The annual report is an excellent way for Company to demonstrate to DHS the activities, progress and outcomes accomplished throughout the year. This report will be a comprehensive discussion of assessments completed including initial, reassessments, emergency assessment, developmental screens and tier determinations. These metrics will be trended quarter over quarter and compared to previous years. This information will also be shown regionally, statewide and by provider type.

Timeliness is an important contract compliance metric, the annual report will include an analysis by month along with trend year over year of each component of a timely assessment, developmental screen and tier determinations.

While these metrics are important to report on the real value in these annual reports are the discussions of our findings. With such a transformational change, it is important to fully understand the feedback from the beneficiaries on not only the decisions made or also the change in processes. We expect that there are very real risks to this change and a full understanding of the environment and any potential future environmental changes will be discussed, vetted and a mitigation plan submitted along with the annual report.

We manage, produce, and distribute the AR Annual Program Performance Reports in much the same manner we manage the Monthly Program Performance Report, described in [E.9-A.1](#) above but with the information required in this section.

A.3. Describe your company's plan to prepare and distribute Monthly Progress Reports that meet the timeliness standards and contain the items required in RFP Section 3.8 (B)(1).

Plan to Prepare and Distribute the Monthly Progress Reports

We manage, produce, and distribute the AR Monthly Progress Reports in the same manner we manage the Monthly Program Performance Report, described in [E.9-A.1](#) above. However, these reports will contain information related the participation in training and coaching activities.

An essential key to the success of this transformational change is ensuring the providers are onboard, trained and ready for this new requirement. Company recognizes the importance of ensuring that all providers are trained and supported and that these activities are transparent to DHS. Our process is to create database with all providers along with contact names, addresses and phone numbers. This database will track all of our interactions with the provider, the type of interaction (phone call, onsite coaching, regional seminars, webinars etc.), the topics of the interaction, date of interaction, as well as, any follow-up or materials sent to the provider.

This database will be the basis of both the monthly and quarterly participation reports. The monthly reporting will include updates on our annual training plan as well as, the activities for the month that include but are not limited to:

- A summary of all our interactions by interaction type
- A summary of the interaction topics
- A summary of lessons learned and future opportunities
- The plan for the coming months and quarter
- List of providers enrolled in on-site coaching
- A summary reports for each provider with a list of their interactions

Each of our trainings both in person and through webinar will be follow-up with either a survey or other feedback mechanisms that will be reported on monthly.

Reporting	
<p>The Company Learning Center can track and report training activity on individual learners, groups, courses, curriculum, etc. These reports can be exported into Excel for easy sorting and sharing.</p>	
<p>One of the most important features of reporting is the ability to track and report training activity by specific groups. An unlimited # of groups can be set up and tracked and learners can be assigned to multiple groups.</p>	

Summary
<p>The Company Learning Center is the most current, state-of-the-art Learning Management System used by the company to date. The Training team is constantly exploring ways to enhance functionality and serve Company employees and customers in the most effective way possible. The Company Learning Center provides Company employees the opportunity to be the most well-trained, informed medical professionals in the industry, and we are just getting started!</p>

These reports will be delivered in a manner of DHS's choosing by the 5th of each month.

A.4. Describe your company's plan to prepare and distribute Quarterly Practice Participation Report that meet the timeliness standards and contain the items required in RFP Section 3.8 (B)(2).

We manage, produce, and distribute the AR Quarterly Practice Participation Reports in the same manner described in [E.9-A.1](#) above. However, these reports will include information directly related to participation.

While the Quarterly Participation reports will provide much of the same information as the monthly reporting, we will add additional layers and breakdown of the information such as:

- Trending over the past 12 months.
- Participation by region
- Participation by provider type
- Stakeholder participation

Quarterly reports will be accompanied by a narrative of the activities, successes and opportunities. We will provide an updated training plan with any recommend modifications to training dates, training topics or modalities.

Reporting Dashboard

In addition to the requirements above we will provide our customized dashboard solution which includes comprehensive, interactive, summarized graphics and tables presented in a reader-friendly format with multiple parameter/filter capabilities. Clients can conduct queries on numerous criteria to monitor additional areas or gain additional insights. Company's reports are designed to help clients with improved decision-making and initiate improvements in quality of care, health care delivery, and cost savings. Our dashboard provides the following features and functions for the State:

- Buttons/filters by review type (Assessments, Developmental Screens, Emergency Needs Assessments, Reassessments, and Tier determinations)
- Trends of review volume by review type and referral source
- Drill down of review types by standard demographic categories
- County and provider level breakdowns
- Review outcome determinations

Figure E.9-2 shows a sample of an online Dashboard screen, with hypothetical data. We will configure the Dashboard system per DHS specifications during implementation and provide access through our web portal. Following, we also show examples of our reporting system components and describe their functionality.



Figure E.9-2: Dashboard Reports Available 24/7 for Real-Time Decision Support

We will collect and store data on individuals referred for assessment, and provide profiles on demographic categories. Configuring Dashboards for each client provides the flexibility to design online reporting that reflects Department priorities.

E.10 PERFORMANCE STANDARDS

We dramatically reduce project risk and provide guarantees of project success with a comprehensive performance-based approach that includes self-imposed financial penalties for performance insufficiencies.

Achieving the goals of this project advances the reform efforts of DHS to create a sustainable, patient-centered health system that improves population health; enhances patient experience of care; and uses resources efficiently. A centralized system to conduct independent assessments – coordinated across Divisions to improve program planning and cost-effectiveness – is the foundation on which the Department can build its triple aim delivery system. Development and deployment of this system is complex and comes with significant risk.

The Company solution combines the stability of existing platforms and processes in used on 25 similar projects with the technical expertise and resources to configure and deliver this centralized system, on-time and within budget. Our commitment to project success comes with a guarantee: we will meet performance standards or apply self-imposed financial penalties in addition to those in Attachment B. These penalties are:

6. \$10,000/day for late implementation
7. \$1,000/day for late State Trainings
8. \$500/day for late Provider Trainings
9. 2% of the total implementation fee for not training 90% of providers within 180 days
10. \$50 for each late Assessment
11. 1% of monthly fee for system uptime of <99.8%

Our Comprehensive Performance-based Approach and Financial Disincentives Dramatically Reduce Project Risk

- Comprehensive performance-based approach based on 25 similar transformation projects over the past 10 years alone
- Complete compliance with all 14 performance standard criteria in Attachment B
- Detailed plans to meet each of the 14 performance criteria
- **6 Self-imposed for not meeting strategic project implementation, training, assessment, and system uptime goals**

A.1. Describe your company's plan to meet the performance standards in Attachment B.

We researched the RFP requirements carefully, and developed our systems, staffing, and management approach to ensure achievement of the Performance Standards in Attachment B and the additional penalties we propose. Our plan is detailed and thorough, and summarized in [Figure E.10-1](#).

Figure E.10-1: Detailed Performance Standard Plan

Implementation & Project Management Milestones	
1. User Acceptance Testing (UAT) Plan	Acceptable Performance: The UAT Plan must be completed and submitted to the Contract Monitor State by date agreed upon in Contract between State and Contractor.
Damages: 1.5% of invoiced amount for Milestone for every day Milestone is late and the content is not able to be approved the State. Additional Penalty: \$10,000	Our plan includes these nine steps: 1. Establish a realistic date for UAT with approval by DHS 2. Detailed requirements gathering to ensure capture of all DHS specifications 3. Alignment of the IT Project Plan with overall Deployment Plan and Work Plan to ensure meeting inter-dependent timeframes 4. Dedicated Project Manager for IT Development for FEi Systems and Company 5. Dedicated Implementation Director for Company 6. Build on corporate standard UAT plans proven in other deployments. 7. Review draft UAT plans with DHS and revise as needed 8. Include UAT Plan timeline in weekly reports with risk assessment for timeliness 9. Intervene immediately to address risk
2. IT Testing Plan	The IT Testing Plan must be completed and submitted to the Contract Monitor State by date agreed upon in Contract between State and Contractor.
Damages: 1.5% of invoiced amount for Milestone for every day Milestone is late and the content is not able to be approved the State.	In addition to the nine UAT steps we will: 1. Establish appropriate milestones and milestone dates for approval by DHS. 2. Track inter-dependencies to ensure achievement of milestones. 3. Report the status of upcoming milestones in the next 10 days on the weekly implementation report with risk assessment for timeliness 4. Intervene immediately to address risk
3. Testing	All testing must be completed by the agreed upon deadline in the Contract
Damages: 1.5% of invoiced amount for every day Testing is not completed beyond the agreed upon deadline.	We will achieve this performance standard with these steps: 1. Building an appropriate testing schedule into the plan

Implementation & Project Management Milestones	
	<ol style="list-style-type: none"> 2. Clearly define what is in scope compared to out of scope for testing prior to initiation 3. Create test cases at the same time as the requirement gathering 4. Create user test cases 5. Ensure DHS testers are available and adequate in number and alignment with system use 6. Use incremental testing as possible on system components and address issues during development.
4. Operational Readiness Checklist	Each item on the Operational Readiness Checklist must be completed by the agreed upon deadline in the Contract.
Damages: 1.5% of invoiced amount for Milestone for every day outstanding items remain past due date on Operational Readiness Checklist.	<p>Our plan includes these six steps:</p> <ol style="list-style-type: none"> 1. Submit example with proposal for DHS review and comment. 2. Incorporate DHS feedback into the check list 3. Perform the checklist 45, 30, 14, and 7 days out from the go-live date 4. Conduct daily implementation calls around the checklist of the last two weeks of implementation 5. Engage senior management to monitor and participate in operational assessments 6. Relay interim results with DHS and obtain final operational sign off
5. Exit Transition Plan	Exit Transition Plan must be submitted and approved by the Contract Monitor at least 60 days before the beginning of the Exit Transition period.
Damages: 1.5% of invoiced amount for Milestone for every day Milestone is late and the content is not able to be approved the State.	<p>We will achieve this standard by:</p> <ol style="list-style-type: none"> 1. Dedicate an exit team led by our project manager 2. Conduct requirement discussions with DHS to ensure the plan captures the all expectations 3. Review de-implementation plan prior to the 60 days for DHS input
Assessments and Tier Determinations	
6. Assessments & Tier Determinations	<ol style="list-style-type: none"> 1. At least 95% of DAAS assessments and tier determinations must be completed and returned to DHS or DHS' designee within the deadline agreed upon in the Contract. 2. At least 95% of DBHS assessments and tier determinations must be completed and returned to DHS or DHS' designee within the deadline agreed upon in the Contract. 3. At least 95% of DDS assessments and tier determinations must be completed and returned

Assessments and Tier Determinations	
	to DHS or DHS' designee within the deadline agreed upon in the Contract.
Damages: To be negotiated with successful Vendor, with DHS having the final determination. Additional Damages: <ul style="list-style-type: none"> ▪ \$50 for each late Assessment 	Our plan includes these six steps: <ol style="list-style-type: none"> 1. Set performance indicators and standards 2. Establish a reliable and accurate measurement system 3. Produce ongoing progress reports 4. Analyze variations in the process or output 5. Plan and implement corrective and improvement actions 6. Monitor the outcomes of those actions
Transformation Support	
7. Training Prior to Go-Live	In each region of the state, the Vendor must conduct an in-person regional training thirty at least (30) days prior to the Year 1 of Operations.
Damages: To be negotiated with successful Vendor, with DHS having the final determination. Additional Damages: <ul style="list-style-type: none"> ▪ \$500/day for late Provider Trainings ▪ 2% of the total implementation fee for not training 90% of providers within 180 days 	<ol style="list-style-type: none"> 1. Develop training plan aligned with timeframes. 2. Coordinate development inter-dependencies that could affect timeliness 3. Assign each region to a team member to act as a training coordinator 4. Include training plan monitoring on weekly implementation report with risk assessment for timeliness 5. Intervene to address risks
8. On-Site Coaching	All On-Site Coaching sessions requested by a provider or stakeholder must be scheduled and completed within 14 days of receipt of request.
Damages: To be negotiated with successful Vendor, with DHS having the final determination.	<ol style="list-style-type: none"> 1. Regional Assessor and Screening staff will be responsible for provider or stakeholder training with assistance from Training Staff and supervisors 2. On-site Coaching requests will be entered in our Training database and tracked for timeliness 3. If no on-site coaching occurs within 7 days of request, supervisor will intervene and assign staff and establish date with requestor 4. Supervisor will follow up daily to ensure completion of coaching within timeframe.
9. State Staff Training	All State staff training sessions requested by the State must be scheduled and completed within 14 days of receipt of request.
Damages: To be negotiated with successful Vendor, with DHS having the final determination. Additional Damages: <ul style="list-style-type: none"> ▪ \$1,000/day for late State Trainings 	<ol style="list-style-type: none"> 1. Central Office Training Staff will be responsible for State Training 2. Training requests will be entered in our Training database and tracked for timeliness

Transformation Support	
	<ol style="list-style-type: none"> 3. If no training occurs within 7 days of request, supervisor will intervene and assign staff and establish date with requestor 4. Supervisor will follow up daily to ensure completion of training within timeframes.
10. Webinars	Within 180 days, at least 90% of providers and stakeholders must have received in-person training or must have attended at least one webinar.
<p>Damages: To be negotiated with successful Vendor, with DHS having the final determination.</p> <p>Additional Damages:</p> <ul style="list-style-type: none"> ▪ 2% of the total implementation fee for not training 90% of providers within 180 days 	<ol style="list-style-type: none"> 1. Develop a comprehensive database for the provider audience by type and region 2. Track provider attendance at training 3. Monitor training bi-monthly 4. Share results with DHS 5. Conduct personal telephone calls and outreach with providers that have not attended training.
11. Helpline Answer and Abandonment Metrics	<ol style="list-style-type: none"> 1. 95% of all calls answered within 3 rings or 15 seconds; 2. Number of busy signals not exceeding 5% of the total incoming calls; 3. The wait time in queue not longer than 2 minutes for 95% of the incoming calls; 4. The abandoned call rate not exceed 3% for any month
<p>Damages: To be negotiated with successful Vendor, with DHS having the final determination.</p>	<ol style="list-style-type: none"> 1. Provide call center supervisors with dashboard view of the day's current service levels 2. Supervisors log staff in and out to ensure the appropriate number of staff are enabled to take calls 3. Provide call center backup resources from other offices to ensure metrics are met in case of emergency
12. Helpline Return Calls	<ol style="list-style-type: none"> 1. All calls requiring a call back to the Beneficiary or Provider returned within 1 Business Day of receipt; 2. For calls received during non-Business hours, return calls to Beneficiaries, Providers and Stakeholders made on the next Business Day.
<p>Damages: To be negotiated with successful Vendor, with DHS having the final determination.</p>	<ol style="list-style-type: none"> 3. Track all calls in our tracking system 4. Assign staff to record all calls received during non-business hours within an hour of the business day start 5. Triage calls to appropriate staff 6. Record call resolve and call time in tracking system

- team. The Project Director performs this assessment immediately on receipt and notifies the team of the finding the same day we receive it. If the insufficiency involves subcontractor performance, we also immediately contact the subcontractor representative.
3. The Project Director will record the performance standard insufficiency in Compliance360, our enterprise system to track and manage compliance with performance standards. This activity documents the issue for tracking and resolution as well as reporting at the project and corporate levels and starts the clock to resolve the issue. Again, this activity occurs the same day as we identify the insufficiency.
 4. Working with the operational unit, the Project Director will investigate the deficiency to identify the cause. This process also engages our Compliance Team, Health Intelligence Team, Information Systems team as needed to research the insufficiency. We will also engage the executive management team (for example Vice President of Operations, Chief Operations Officer, or Chief Executive Officer,) as needed to resolve issues the Project Director cannot resolve at the local level.
 5. We identify the root cause and the steps needed to resolve the insufficiency, and obtain sign off from respective Departments that will assist with implementing the resolution. The Project Director has the authority and responsibility to address any performance standard insufficiency at the local level and will do so when we identify the appropriate resolution. We engage corporate staff to assist if needed for effective resolution as well as collaborate with subcontractors.
 6. The Project Director will maintain contact with DHS and provide detailed documentation of our findings and proposed resolution. If DHS needs to approve the resolution, the Project Director remains the point of contact for approval and will address any questions from DHS.
 7. We will implement the steps to address the immediate insufficiency as well as addressing any issues that are systemic and could affect achievement of future performance standards.
 8. We will monitor the situation for at least one performance reporting cycle to ensure that the intervention effectively addresses the cause of the program.
 9. We update the issue in Compliance360 to reflect the investigation and resolution.

“The vendor staff is professional and responsive to all requests. This is particularly helpful when an urgent request arrives from OMB/Congress as it relates to this program. ... As Project Officer for the initial APS contract and now this longer term contract, I am pleased to report that the work on this contract continues to be high quality. This vendor has exceeded government expectations—a pleasure to work with them.”

Susan Lewis, HRSA Project Officer